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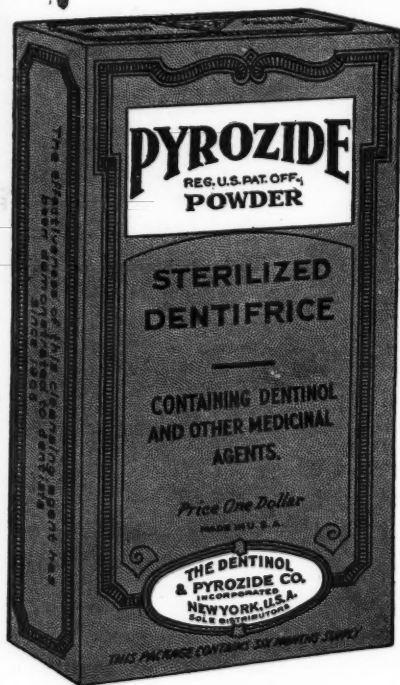
May
1931



Published by Lee S. Smith & Son
Pittsburgh, U. S. A.

© K. CO. INC. PA.

Gums that have lost their
natural hardness need the
stimulating action of . . .



PYROZIDE POWDER

It is medicated with
Dentinol—a gum-tis-
sue healing agent.

Gum irritation is re-
duced, blood circula-
tion in the gums is in-
creased, the teeth are
kept clean and the
gums hard through
the daily use of Pyro-
zide Powder.



Prescribe
**PYROZIDE
POWDER**

Compare Results

FREE SAMPLES COUPON

THE DENTINOL & PYROZIDE CO., INC.
(Sole Distributors)
1480 Broadway, New York, N. Y.

O.H.

Please send FREE SAMPLES PYROZIDE POWDER for distribution to my patients.

Name _____ D.D.S.

Street _____

City and State _____

AIDING in the correction of Oral Acidity and thick, ropy saliva

ACIDITY of the saliva and gingival degeneration are often the result of disturbed metabolism.



Thus, to correct oral acidity—and the thick ropy saliva that accompanies it—bodily functions must be kept in good working condition and the normal vigor of the kidneys, liver and intestines must be restored.

Sal Hepatica, the standard effervescent saline, is recommended as an aid in correcting oral acidity.

It is the approved treatment to alkalize the system. It stimulates the absorptive, excretory and motor functions of the alimentary tract, accelerates the removal of waste products and systemic toxins—thus maintaining a more healthy blood stream.

★ ★ Sal Hepatica ★ ★

MEMO to Bristol-Myers Co., 75L West Street, N. Y. C.

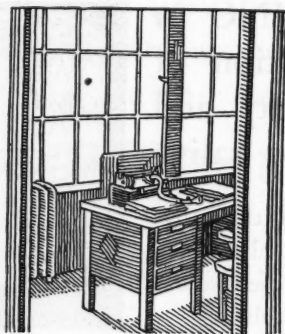
Without charge or obligation on my part kindly send me samples of Sal Hepatica to be used for clinical purposes.

Name _____ D. D. S.

Street _____

City _____ State _____ O. H. L.

THE
Publisher's



Copyright, 1931, by
Merwin B. Massol

No. 118

C O R N E R

BY MASS

LAST month this department—having nothing better to do—told what happens to manuscripts from the time they reach this office until they become pages of type, ready to be plated for the presses. The last paragraph promised—or threatened, if you happened to look at it at that way—to trace the course of advertisements from letter-carrier to press.

Readers who visit our place almost always express a lively interest in these things. Maybe they're just being polite. The CORNER's unseen customers are under no such burden.

It is possible to murmur "Nertz!" and leaf along to more engaging pages.

Last month this department told how each issue is blue-printed by way of a dummy—

how the pages allotted to text are cared for. The same dummy blue-prints the advertising section. Each 32 pages in the dummy are of a different color; thus, each 32-page section may be handled as a unit during the course of the work, without risk of confusion.

.

Each advertising contract has been briefed on a 5x8 inch card, and the cards are carried in a Kardex system. The lower edge of each card, bearing the advertiser's name and the size of his space, is exposed. Thus it is possible to refer to this record without actually handling a card, except in cases where further details are sought.

Each month another Kardex record is compiled. Miss Burgdorf, referring to the contract

Kardex, makes another series of Kardex cards, one for each letter of the alphabet. Then she types on these cards the names of the advertisers whose copy is scheduled to appear in the issue, the space to be used by each and any special information such as "color section," or a reference to a special position which the advertisement occupies each month. Opposite the name of each advertiser there is a space later to be filled in with the page number and spaces to be checked when copy and cuts have been received.

Using this schedule as a list, she sends a reminder on the fifteenth of the month to each advertiser—giving the glad news that he better be thinking up some copy for the second succeeding month. Thus, the fifteenth of this month, May, the reminder refers to the July issue. The notice points out that first July forms close May 25, that final forms close June first.

The same notices go to the thirty-six dental supply houses who pay the subscriptions for all dentists in their respective territories and whose four pages of local advertising lead off each issue.

The ORAL HYGIENE you hold in your hand of course carries only one of these 4-page sections—the local advertising for the territory in which you practice.

In *each* of the thirty-five other territories an entirely different group of four pages appears each month.

Thus the advertising department handles—in addition to the pages you see in your own copy of O.H.—thirty-five times four pages, 140 pages in all beyond those that appear in any *one* copy of the journal.

Well, a few days after the reminder cards go out, copy and cuts begin to arrive. Some blessed souls send complete electrotypes of their advertisements. Others send typewritten copy, accompanied by layouts or drawings indicating the style in which the copy is to be set up in type.

Quite a few just send copy and rely upon the magazine's service department to design the set-up and to provide the requisite illustrations. Others merely indicate the product to be advertised that month, depending upon the service department to write the copy and produce the advertisement in its entirety.

On arrival each piece of copy and each cut is checked in on the Kardex schedule for the month by Miss Burgdorf. A proof is taken of each cut in duplicate, carrying the advertiser's name and the issue for which it is intended; one proof goes into a file for possible future reference and the other accompanies the cut to the composing room downstairs, identifying it for the men who set up the advertising.

An envelope of our own design is made out for each piece of copy. The flap is as big as the envelope itself; both envelope and flap carry the same

printed form. The form covers all possible instructions to the printer—advertiser's name, space occupied, date of receipt of copy and cuts, color instructions, special instructions for setting—and wotnot.

This form is so complete that in most cases instructions can be indicated by checking certain squares. Checking the form printed on the flap makes a carbon-copy on the same form printed on the face of the envelope. The flap is torn off for office record and the envelope, carrying the copy itself, goes downstairs to the composing room.

On Miss Burgdorf's desk there are a series of file boxes. The copy slip goes into the first one as the envelope carrying the same information goes downstairs. The copy slip moves along from box to box as the copy moves through the various processes downstairs. Thus it is possible at any time to put one's finger on the progress being made in transforming each individual advertisement into type, ready for make-up.

Pretty soon the copy envelopes begin to come back from the composing room—several proofs of the set-up attached to each. The corresponding copy slip is removed from the file and matched with the envelope. The date is stamped in its proper place after "proof received" on both envelope and copy slip. One proof is pinned to the envelope along with the copy slip and all three go into the file.

The other proofs are despatched by special delivery or air-mail to advertisers.

In a day or so, corrected or okayed proofs begin to come back from advertisers. Each is immediately matched with the corresponding envelope and copy slip, and the date of return is stamped on each. Each proof with its envelope goes downstairs again. Each copy slip is filed once more under its proper head, "okayed" or "revise." Sometimes the advertiser will have supplied new material for part of his advertisement—then it must go through virtually the same routine once more as a "revise."

As okays accumulate it is possible to start positioning advertising in the dummy. Special dummy proofs are provided for pasting into the space allotted for each. Care must be exercised to avoid the juxtaposition of competitive copy, to follow instructions for special position, to keep right-hand coupons from left-hand pages, and many another detail must be observed.

As soon as a 32-page section is filled up with okayed advertisements, a duplicate of the section is laid out in pencil for the printers so that they may proceed with the make-up of a form.

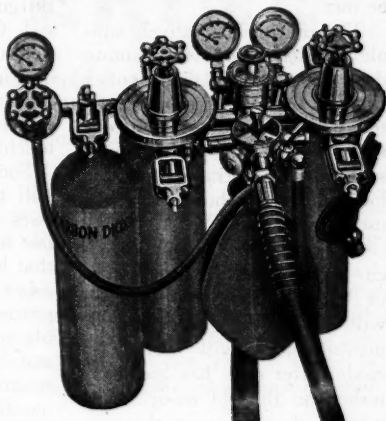
This business is a matter of clock and calendar every day. Every opportunity is seized for forward movement. So many unforeseen delays occur that they must be offset in advance

HEIDBRINK

For Anesthesia and Controlled Analgesia

Its simple, convenient control and accurate delivery meet every anesthesia requirement of routine or emergency administration. Sight feed gauges at all times indicate the exact dosage being delivered. Emergency oxygen is instantly available.

Ninety per cent of dental patients respond properly to a simple routine anesthesia technique.



Analgesia

The apparatus is also ideal for administering *analgesia* for cavity preparation, scaling teeth, grinding abutments, lancing periodontal abscesses, etc., all of which work may be done painlessly in analgesia *with the patient fully conscious*.

The Heidbrink is safe and easy to operate.

No other machine is so economical.

Send for Illustrated CATALOGUE No. 7

The HEIDBRINK COMPANY
Minneapolis Minnesota U.S.A.

YOU WILL LIKE MAVES NO. 3 INLAY WAX

*A Wax of Superior Quality, Especially Adaptable
for Wax Pattern Expansion Techniques*

Sticks or Cones—Large Box \$1.00

YOUR DEALER HAS IT

by the fast movement of every process which can be speeded up. That is the only way press schedules and mailing dates can be met.

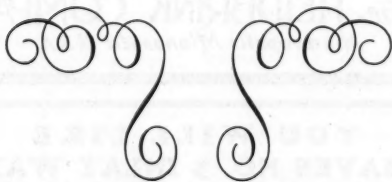
The routine is relatively simple but its smooth functioning depends upon the doings of a couple of hundred people scattered all over the land; consequently it never functions smoothly. Telegrams and the long distance phone must be used freely.

All sorts of emergencies occur each month. An engraver in Chicago or San Francisco will send the wrong cut. A manufacturer will change a model after copy has been furnished on the old model. Last minute changes upset the routine, necessitating transposing advertisements from early forms to late ones and that often means new dummies for the printer because such transpositions frequently involve shifting

several other pages to avoid facing competitive copy, etc.

Virtually the entire routine is under the direction of Edith Burgdorf. I used to do it myself. Once I took a long vacation and turned the job over to her, in fear and trembling. She did it so much better than I ever had done it that I've never touched it since.

Some day maybe the CORNER will tell about the other processes—beyond those described last month and this—the things that happen after both text and advertisements are in type, processes controlled by a schedule board full of colored pins—and by a big sheet laid off in squares for each day of the month, in groups of three months—designed to keep the production of ORAL HYGIENE from colliding with *Proofs*, the dealers' journal, and *Spanish Oral Hygiene*, and *Oral Hygiene Junior*, the dental manufacturers' bimonthly.



Controlled Tests on 102 Individuals prove

LISTERINE

aids in preventing colds and sore throat

LISTERINE Antiseptic is a quick-acting germicide and when used as a mouth wash and throat gargle it is very effective in preventing colds.

A series of carefully controlled tests have been made which show conclusively the value of Listerine as an aid in preventing colds and sore throat.

One hundred and two individuals working under varying conditions were placed on experiment for ten weeks extending from November 15th to February 1st. One-third of this group acted as controls, one-third gargled with 25 cc. of Listerine Antiseptic for 30 seconds twice a day and the other third gargled five times a day.

As a result of these tests, it is shown that the controls had 33 cold infections with a total duration of 161 days, 33 of which were lost time. This is in marked contrast with the twice-daily gargling group which shows 17 colds with a total duration of 56 days, 5 of which were lost time. In the five-times-daily gargling group there were ten colds with a total duration of 36 days, 8 of which were lost time.

As a result of this experiment covering a period of ten weeks the controls show:

Frequency of colds 2 times that of "twice-daily" group,
Duration of colds 3 times that of "twice-daily" group,
Severity of colds 6 times that of "twice-daily" group.

The controls also show:

Frequency of colds 3 times that of "five-time" group,
Duration of colds 4 times that of "five-time" group,
Severity of colds 4 times that of "five-time" group.

This experiment proves conclusively the value of Listerine Antiseptic as an aid in preventing colds and sore throat.

LAMBERT PHARMACAL COMPANY
St. Louis, Missouri

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

May, 1931

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ORAL HYGIENE

*Registered in U.S. Patent Office
Registered Trade Mark, Great Britain*

A Journal for Dentists

Twenty-First Year

MAY, 1931

Vol. 21, No. 5



MAYFLOWERS

Hark! at the call of the sweet, fresh May morning.
Hear them come trooping on gay dancing feet!
Over the meadow green,
Down through the woodland sheen,
Up from the village and thronged city street.

* * *

Set up the Maypoles, with streamers a-flying,
Riot of color for each eager hand;
Great Nation's greatest wealth,
Children in radiant health,
Fairest of flowers that bloom in our land!

Never mind training them just to be citizens,
Never mind urging, too fast, wisdom's way;
Give them the room to grow,
Give them the joy to know
Laughter and lilting song; give them their May!

—WINIFRED HATHAWAY



The **JONESES and KELLYS**

By HAROLD J. RISK, D. D. S.

PREVENTIVE dentistry, intelligently practiced, meets the hearty approval of the average American family. Restorative dentistry is a luxury and has necessarily always been within the reach of comparatively few. Preventive dentistry presents a safe and logical way to build a sound practice which is in keeping with this age of efficiency and conservation.

The x-ray probably offers the best diagnostic possibilities in making preventive dentistry

pay. Operative dentistry, the keystone of preventive dentistry, can become one of the most productive branches of your practice. The x-ray, especially the

bite-wing films, can build up your operative work faster than any other agency, thereby putting you se-

curely in the preventive class where you want to be. Preventive dentistry must come for all.

One of the most shameful practices I know of in dentistry today is the common procedure of picking out and filling only

*Tell BOTH the truth
about dentistry, says
Dr. Risk.*

large cavities in the posterior teeth. Make posterior bite-wing examinations routine on all your operative patients, old and new, young and adult, rich and poor. Do not make the cost prohibitive for the poor; repeat the process annually. The revenue from your operative work should increase two or three times as a result of these systematic x-ray findings. It's a safe method and one that gets results.

Let us consider a common, possible case. There is your Kelly family, railroad people, that you have taken care of for years. You have always endeavored to keep their dental accounts small because Mr. Kelly's income is very limited.

In direct contrast is your Jones family, people of means who never question your dental fees or what should be done. They are a very desirable class of patient, but the Kellys are far in the majority and it might be to your advantage to cater to this great group of working people.

Suddenly your Kelly family "changes over" to a new dentist who makes the bite-wing film examinations of all his operative patients. These Kellys come to the realization that perhaps you have been using a hit-and-miss method in your examinations for cavities.

You have been saving the Kellys money on their dentistry, but they have discovered that you have overlooked many obscure proximal cavities.

Several vital pulps have to be sacrificed and later those teeth may necessarily be lost. Replacements are expensive. This is one of the reasons that you are losing the Kellys and many others to your friend, the new dentist, who is logically and scientifically convincing them of their necessary dental needs with the x-ray. Even the exclusive and unquestioning Jones family is attracted away by those modern preventive measures.

What is your reaction? You probably feel that unethical means are being used against you. You are resentful and fail to understand. You are still hunting for restorations and extensive replacements. Your friend, the new dentist, welcomes these numerous new patients for he knows a careful study of the bite-wing films will show many neglected cavities and defective fillings. Why not let this x-ray method do the same for you? Remember, the bite-wing examination is no substitute for the general dental x-ray examination. You will probably find your friend, the new dentist, is not removing all devitalized teeth to construct restorative work. No restorative work is permanent. Tell them the truth about dentistry.

Your friend, the new dentist, has a method which is a great conservator of time in many of his operative procedures. He calls it zoning. He carefully studies his bite-wing films in relation to the possibilities of

using block or local anesthesia. A simple mandibular injection may allow him to fill several difficult cavities painlessly in the same length of time it takes you to put in a few simple fillings. He makes a hit with children. He plans his operative procedures, avoiding the very short appointments. A rubber dam often speeds up his work and is conducive to better dentistry. Bite-wings, zoning, and nerve-blocking are making it possible for him to do all the work for the Kelly family at reasonable fees which are in keeping with their moderate means. He can do this because he has gone a long way toward solving the time element which is so important today in dentistry. Even the Jones family, who never questioned *your* fees, are pleased because their work is completed so effectively in so short a time with a minimum of pain.

These questions immediately arise in the minds of many dentists:

Is this zoning and nerve-blocking a safe method for operative procedures? Will many vital pulps be sacrificed by careless operators?

The dentist lacking in operative skill is undoubtedly going to destroy some pulps in attempting to "speed up produc-

tion" with novocaine. He will thereby shortly create much unnecessary discomfort among his patients and they in turn will cause him an unlimited amount of worry. Zoning and nerve-blocking in operative procedures will not be practice builders for the careless operators.

The total number of restorations and extensive replacements built will increase materially without high pressure sales methods, because preventive measures at reasonable cost to patients will increase the numbers of American families that will really care for their teeth. Neglect of preventive measures and too much aggressiveness for extensive restorative work can undermine the faith of the public in modern dentistry. Good dentistry can become popular for all classes.

The conscientious consideration of the average American family's ability to pay is going to be a governing factor in raising the percentage of people who really care for their teeth. The dentist who can "sell" the idea of preventive dentistry to his patients will not have to worry about the future. Preventive dentistry is going to be one of the determining factors in the building of a modern dental practice.

A Cover Customer

Your magazine is the finest I've ever had the pleasure of reading. Where can I get the February, 1931, cover? I want to frame it.—
S. P. MORRISON, D.D.S., *Brooklyn, N. Y.*

Why School Dentistry IS Needed

By H. SHIRLEY DWYER, D. D. S.

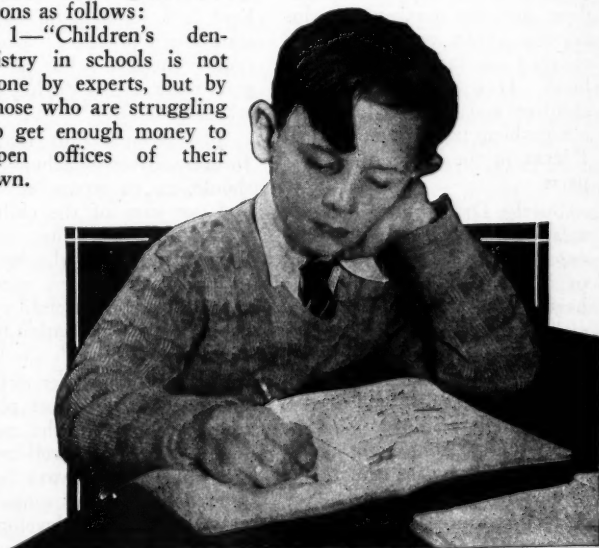
THE quotation from an article by Dr. Evangeline Jordon in *The Nebraska Journal*, appearing in your editorial columns in the June, 1930, issue of ORAL HYGIENE, calls for still further comment. In this article, Dr. Jordon states:

"I don't think dentistry should ever be provided by the schools," and gives her reasons as follows:

1—"Children's dentistry in schools is not done by experts, but by those who are struggling to get enough money to open offices of their own.

2—"School taxes should go to secure education and not care of the children's teeth.

3—"It is hardly fair for the taxpayer to support free clinical service that is used in a great number of cases by those who have no need of charity."



This is a very timely question and it seems a great pity that Dr. Jordon should feel so strongly against the school clinics, especially as her reasons do not seem to justify her stand.

Let us take her first reason—"Children's dentistry in schools is not done by experts, but by those who are struggling to get enough money to open offices of their own." While there can be no question as to Dr. Jordon's sincerity, this statement, coming from an expert in pedodontia, does seem in rather bad taste. True, all the operators in the public health field are not specialists; but how many children ever reach a pedodontist, anyway? Here in the city of New York we have approximately one million school children, and the number of pedodontists could very readily be counted on the fingers of one hand. How to connect those children and those pedodontists is a problem in arithmetic which I leave in the hands of the experts.

Surely Dr. Jordon does not mean to imply in using the word *experts* that the field dentist is of inferior skill to those who have passed through the financial struggles of an embryo practice and are now firmly established as *experts*. I cannot speak for the city of Los Angeles, but it would be most enlightening to the doctor if she could visit any of the school clinics in New York.

It is a source of great pride to us that we can ask anyone

to inspect the work done in these clinics. Dr. Jordon would find the highest type of workmanship: tiny little pin-hole fillings which mean so much in preventive dentistry and are so much neglected in private offices; all amalgam fillings polished; properly contoured and carved fillings; all infected teeth removed, and the children's mouths put in healthy condition.

Our operators are under the constant supervision of capable, experienced men, and the standard of workmanship is of the highest.

The fact that a dentist is struggling with a new practice does not reflect on his ability to do good work. Many of our foremost men in the profession have had to struggle hard to start their practices. Did this render them any less fit to do good work, either during such a struggle or later?

The second point that Dr. Jordon makes—"School taxes should go to secure education and not care of the children's teeth"—sounds rather strange coming from one who has been so closely associated with the dental welfare of children. It has been said, "Education teaches people how to live."

If this is true, then certainly health education must play an important part in the curriculum. The physical well-being of the child must always be considered part of his school program and mental development. There was a time when educa-

tion was a private problem, but that time is past. The same holds true of our health problem.

Discrimination in school dental service must be condemned as strenuously as discrimination in any other phase of school life.

To insist that a child must be of a certain economic standing in order to secure the benefits of the dental service is to brand that child before all his associates as "too-poor-to-pay," suppress his social growth, and teach pauperism in our schools.

As long as our schools are open to all, rich and poor, our school clinics should follow that same policy.

If one lingers for even a short time in the squalid and repressive atmosphere of the slums of any city, he cannot help but feel that the child who rises above such surroundings should be given every possible assistance without having such help labeled "Charity—for the poor only."

It is hard enough for such children to rise mentally, spiritually, and physically without giving them the added burden of the stigma of pauperism through discriminative clinic service. We must always bear in mind the pond-lily, reaching toward the sun, so gorgeously pure and radiant—and it rises from the mud.

The third point made by the doctor—"It is hardly fair for the taxpayer to support free clinical service that is used in a great number of cases by those

who have no need of charity"—is, unfortunately, unsupported by any evidence to prove that such facilities are being abused in "a great number of cases."

All of us who have had any experience in the public health field know that there are always a few of a certain type who try to get everything they can for nothing. They are not, however, in the majority and they are not desirable patients in the private office either. Such patients are not limited to dental clinics, but are just as frequently found in all welfare work; and certainly their activities would make a very poor excuse for discontinuing such work.

In one small area of forty square blocks in New York City, there are over ten thousand children between the ages of six and twelve. The economic rating of this section shows that the average income is about \$1500 to \$3000 per year per family with an average of about four to five per family. When you consider that of several thousand children of New York City examined during the year of 1928 only about *one thirtieth* received dental attention outside of dental clinics, we find a condition that has ceased to be merely an isolated professional problem, but one that is a social problem affecting our entire community.

Besides the economic inability of some people to meet the fees of the private practitioner, we have an even worse evil in

the ranks of our own profession—the dentist who turns away juvenile patients.

Don't ask me why they turn them away. All sorts of excuses are offered; but the fact remains that the *are* turned away. All too frequently the mother who has been convinced by educational propaganda that the children must have good teeth and good health to keep pace with good brains comes back with word that the dentist said there was nothing to be done.

And yet dentists complain of their economic problems. With dental caries affecting 95 per cent of our children, with an average of *five plus cavities* per child throughout our country, with *no* chance of untreated carious teeth becoming normal, with dentists turning away child patients on one pretext or another, with some of our own profession giving "O.K." notes to children who are not "O.K." (and this is not a local problem as it was brought up at the A.D.A. meeting in Washington), with some of the large organizations not desirous of taking children in their "pay clinics" because the adult reparative work is more lucrative to the clinic, where, in heaven's name, can preventive dentistry be given to the children if not in school clinics?

Especially does the writer feel that the unconditional clinic belongs in the school because:

1. The daily routine of the child is not interfered with.

2. School discipline prevails to assist the operators.

3. School routine and record keeping is of tremendous assistance in a periodic check up.

4. Possibilities of the child's actually getting to the dentist are very greatly increased.

5. The work is done by dentists whose sole duty while in the clinic is to take care of *children*—who do not attempt to sandwich them in between more attractive, adult restorative cases.

6. A healthy mind demands a healthy body, and a healthy body demands a healthy mouth condition; and health education and health habits can best be taught and exemplified in the school.

Constructive criticism, Dr. Jordon, is the condiment which spices up our thoughts and actions; but criticism without remedy is like sympathy without relief or mustard without beef.

A Welcome Monthly Guest

ORAL HYGIENE is indeed a very welcome guest each month and is the first dental publication to claim my attention. The articles are short, interesting, and to the point.—JOHN C. HOUCHINS, D.D.S., *Northfolk, W. Va.*

A DENTAL FABLE in Slang

By

M. C. HAASE, D. D. S.

(In the manner of George Ade)

ONCE upon a Time there was an Old-fashioned Dentist practicing in an Ohio Town. His office was on Main Street over Doc Peter's Drug Store. When Mission Furniture came in, he had re-furnished his Waiting Room with it. A few Steel Engravings hung on the Wall. One of them was Rosa Bonheur's "Horse Fair."

In the Operating Room there was a Plush-covered Dental Chair which had replaced the one with the Hand Crank, during the Mission Furniture Renaissance. A Foot Engine stood conveniently near by. The Laboratory contained a Foot-Bellows and a Machine for Rolling Gold. In one corner was a dusty Gas Machine, little used and antiquated. Next to it was a Bulky Apparatus for the manufacture of Nitrous Oxide Gas. Mute evidence of a Moment of Weakness under the Spell of a Smooth-Tongued Drummer.

Professionally, the Old Doctor believed that Extension for Prevention was some sort of Chamber of Commerce Slogan. The Height of his Aesthetic Ef-



*The Old Boy had Plenty
of Sugar—and he was
not a Diabetic*

fort was an Open Face Crown. However, there was a Certain Something about his Work that could always be recognized—usually he left a Bertillon Mark on his Amalgam Fillings. In short, if he was dropped on the Corner of Polk and Sacramento Streets in San Francisco, he would have been hailed as Buddy by Old John McTeague Himself.

However, in spite of these Early Americana tendencies the Old Boy was not headed Over the Hills to the Poor House.

On the Contrary he had Plenty of Sugar—and he was not a Diabetic.

At the time he was riding a Chainless Bicycle with the

Wooden Handle-Bars he bought a few Lots on what is now the Main Stem. He still owned them and Mister Woolworth and the United Cigar Stores had leased them.

He could have Retired long ago, but as he said, he liked to Keep his Hand In. Lots of the Old Timers who wore Store Teeth that he had set up on a Barn Door Hinge still thought he was the Pecans.

His Great Expense was a Nephew whom he had put through Dental School.

Nephew was now practicing in the Big City. His Suite of Offices was on the Twenty-second floor of the Medical Arts Building. He had an Assistant—a Blonde Honey who was a Graduate Dental Hygienist. There was Arte Moderne Furniture in the Reception Room. He had two Operating Rooms with Electric Dental Chairs (Three Speeds ahead and Reverse) and a Trick Articulator (by Einstein out of Rube Goldberg). There also was a Business Office with a French Phone. You must admit the Boy was a Big Shot.

He could hardly wait for

New Year's Day. But not to Turn a New Leaf. It meant Two more Gallons. This under the Master's Touch was soon converted into Giggle Soup. He thought his Stuff was so good that he was giving Gordon a Break by putting it into his Bottles.

If the Kid was half as Clever with a Spoon Excavator as he was with his Goose-neck Putter, he would have been in the Midst of a Huddle at the National Convention, instead of the Ninteenth Hole.

Needless to say, when the First of the Month rolled around he was Always in the Red. Here is where Uncle came in—Every Month—Big.

Last month the Lad wanted Three Hundred Extra Berries to take a Course. It was an Economics Course and it showed you how to Get the Jack and Stay out of the Red—Forever.

Nephew should have never made this Final Touch. He knew that Uncle was Old, had Brittle Arteries, and should not get Excited.

MORAL—An Ace in the Hole is a Swell Card—if it isn't Buried too Deep.

Contributed to History

I have read with intense interest the 20th Anniversary number of ORAL HYGIENE. I remember very distinctly reading the first number, and we have been good friends from that day. Its editors have made history. I do not think that anyone will deny that the last

20 years have marked the greatest achievement in the history of dentistry; and your little magazine has contributed its share to this achievement.

Best wishes for another period of achievement.—NAT G. SLAUGHTER, D.D.S., The Board of Dental Examiners of Georgia, Athens, Ga.

Rudolph L. HANAU

A Tribute by

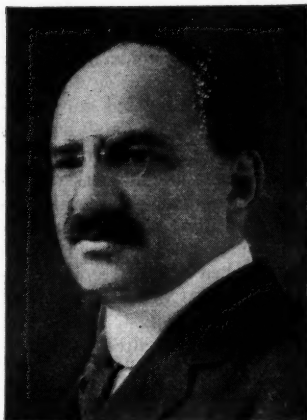
H. I. ROTHSCHILD,
D. D. S.

(Preface to "Dental Engineering")

"I do not like the obscure thought, I like to see the plain truth brought directly out upon the page, devoid of all that camouflage which many poets use. So I, who have no wish to mystify, will always call a spade a spade. There are no tricks about my trade. I am a poet whose appeal is made direct. I'll not conceal my thoughts beneath some pretty phrase that can be read in different ways. I'll not dress up the things I say to suit the fashion of the day. And so, unless you're satisfied with simple truth, then cast aside this little book, because in it you'll surely find some verse to fit the thought that your pet idol may, like all the rest, have feet of clay."

OWEN WHITE.

THE significance of Rudolph L. Hanau is today apparent to a comparatively few men, yet never, since the time of G. V. Black, have the fundamental principles of the art of dentistry been so profoundly affected and the pathway to future developments been so clearly indicated by the contributions and scientific analysis of any one man. A glance over the short period of time in which Hanau devoted his efforts to the mechanical problems confronting the dental profession, shows the persistence



with which his teachings have gained recognition in the face of obstacles, opposition, and protracted lack of understanding by the profession as a whole. The story of his life is one not without human interest. He deserves a tribute of the most sincere kind.

Rudolph L. Hanau was born on November 3, 1881, at Victoria West, South Africa. He was the son of August Hanau, M.D., and Matilde (Lilienfeld) Hanau. His mother died when Hanau was quite young and he was sent to Germany for his education. In March, 1905, he was graduated from the Polytechnic College at Darmstadt as a mechanical engineer. He then became engaged in practical engineering work in France and Belgium. In 1906 he came to the United States and eventually established himself as a consulting engineer in New York and Pittsburgh. His

specialty was automatic machinery. He designed and constructed various machines now in use; his "Genealogy of Machine Parts" is used for reference by designers and builders of automatic machinery.

It was while he was a consulting engineer that he first became interested in dentistry. It was no path of roses Hanau chose when he undertook the investigation of dental mechanical problems.

He was consulted by orthodontists and asked to design an instrument to plot the normal arch development. Hanau applied himself prodigiously to the study of anatomy, physiology, and allied subjects, and designed a very efficient instrument for this work, along with a technic for its application. It was enthusiastically received and subsequently introduced to the profession. Hanau contributed to orthodontia various articles; his paper, "The Hawley Arch Form Considered from an Engineering Standpoint." (*International Journal of Orthodontia*, November, 1917), is still a most comprehensive treatise on the subject.

Several years later Hanau was consulted by a prosthodontist on a subject which revolved around a theory with attendant apparatus and instrumentation for its application to prosthetic problems. This matter took Hanau to the 1920 meeting of prosthodontists at Boston.

The Boston meeting deeply impressed Hanau, and it was

here that he was inspired to make further efforts. Here he received, at first hand, the conceptions of leaders in this particular phase of dental art. He did not fail to recognize the possibilities of more scientific developments.

A diligent study of prior developments gave Hanau a comprehensive conception of the work which had been done by other investigators. To these men, Gysi, Christensen, Walker, Snow, and others, Hanau never neglected to pay due respect or to give warranted credit. In fact, it was Hanau who, in 1927, reprinted a paper presented by F. H. Balkwill before the Odontological Society of Great Britain, June 4, 1866, because he found therein the fundamental principles of mandibular movements and masticatory surface forms. It was evident to Hanau that Balkwill did not receive sufficient recognition for the valuable contributions contained in this paper. In fact, it was not until Gysi emphasized similar teachings that the profession began to give consideration to these fundamental principles.

The conception Hanau had of the whole problem, his method of approach, due to his training, and his keen mechanistic insight into the ineptness of the current methods applied, found expression in the design of several instruments incorporating his ideas of articulator requirements. The intensive study and scientific analysis of the biome-

chanical problems resulted in the presentation of "Dental Engineering" before the N.S.D.P. in 1921 (*A.D.A. Journal*, July, 1922). This paper is a classic and a keynote to Hanau's work. In 1922, the Model H Articulator and his intraoral technique were introduced at the Los Angeles meeting of the N.S.D.P. (*A.D.A. Journal*, November, 1923). The instrument was of exceptional merit, but its proper use necessitated a working knowledge of fundamental principles of occlusion and articulation. Hanau emphasized the fact that his articulator was merely a means to accomplish certain results. It was always secondary to the knowledge of its application and an intelligent understanding of the problems involved. He laid stress upon acceptable mandibular measurements and their interpretation, which he considered prime requisites. His intraoral technique was a radical departure from those in vogue, using strained and unstrained intraoral records, which heretofore had never been analyzed.

The instrument was hailed as an open sesame to better denture work, while the technique and study necessary for its application were considered burdensome and too involved. It took some time for the value of the technique to be realized but recognition eventually came; and the Hanau work is, at the present time, being taught in most of our progressive dental colleges.

His contributions to our ter-

minology are outstanding, as witnessed by our journals of today. He defined our nomenclature and brought order out of chaos. His analysis of jaw relations and occlusions have brought about a clearer understanding of our problems.

The "Laws of Articulation" and the "Articulation Quint" (*A.D.A. Journal*, December, 1926) are basic to dental prosthesis. Hanau expressed most fittingly his opinion of the value of these presentations in his paper "Occlusal Changes in Centric Relation" (*A.D.A. Journal*, October, 1929): "The Laws of Articulation govern the formation of the masticatory surfaces as definitely as the contents of a cube are determined by its width, depth, and height." The Laws of Articulation are a comprehensive compilation of the relationship of the factors governing the establishment of balanced articulation. The "Quint," showing graphically the reciprocal relation of some of these factors, is daily referred to by those who want "the mind to guide the hand."

Hanau rendered to dentistry a service of inestimable value—not unlike Pasteur's to medicine. As time goes on, no doubt the work of Hanau will continue to gain ever-widening recognition. In those who will carry the torch of scientific advancement forward from where it fell from his hand, he will inspire a deeper regard than the contemporary beneficiaries of his work have seen fit to give.



PARIS, the city of many international conferences, has been wisely chosen for the meetings next August of the International Dental Con-

gress. Wisely chosen, because, to the visitor, Paris offers many amusements as well as glimpses of a vast accumulation of historic memories that have gathered layer on layer for over twenty centuries. There are many delightful worlds to see in Paris.

To describe Paris would be

PARIS Dentistry's 1931 Capital

to describe the life of a score of cities all bound together by some strange force and yet yet each separate and distinct in its own sphere.

There is, first of all, the smart Paris that the journals and popular novels feature—the smartly gowned city of the Opéra and Longchamps, whose styles are instantly copied the world over.

Then there is the grand Paris—the world of high society, with its scions of old families,

exiled princes, and ambassadors.

There is bourgeois Paris—conventional, respectable, and pleasantly dull.

The artistic and literary Paris is a section all its own, aloof from the prying eyes of the world, except through its books and expositions.

There is the Latin quarter Paris of the true Bohemians, with its gay and its serious students.

And last, there is the common workingman's Paris with customs and language of its own.

Each of these worlds has its own existence and each regards the other merely as a background.

Memories of Paris—a confusion of taxi-cabs, French automobile horns, Turkish rug sellers, splendid sweeps of wide boulevards—the finest in the world—beautiful gardens and esplanades, sidewalk cafés where one may sit and watch the worlds of Paris go by, the blue-grey light that seems to settle on the buildings at twi-

light, the great white towers of Notre Dame, the arches of bridges, the silver Seine, curious doorways, the Eiffel Tower, daring and strangely original, sidewalks filled with elegantly dressed women, immaculately groomed men with walking sticks, waxed moustaches, high heels, and white spats—a city that loves to look at itself!

Paris cannot come home from work or start out for pleasure without passing panoramas of historic happenings.

Paris has appeals for all types of people—appeals that are social, beautiful, artistic, gay, unique. One can forget sorrow, age, and trouble in Paris. To see Paris is to catch new glimpses of life, to grasp the color of the other side of the world.

Everything in Paris is glorious fun to watch—even though it may mean nothing at all.

Life centers in Paris; and if you see it once, you will always return to the city of old illusions and gay new dreams.

Examination for Appointment to Dental Corps, U. S. N.

A competitive examination for appointment to the Dental Corps of the United States Navy will begin June 15, 1931, at the U. S. Naval Medical School, Washington, D. C. Candidates must be citizens of the United States, between twenty-one and thirty-two years of age at the time of appointment, and graduates of recognized dental schools. The examination will be both theoretical and clinical and the usual duration is about seven days. A circular containing full information relative to the Dental Corps and the prescribed form of application may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C. No allowance is made for the expense of applicants appearing for examination.—C. R. RIGGS, *Surgeon-General, U. S. Navy.*

Feeling the Dental Pulse



By DIAGNOSTICIAN

WHERE IS THE MODERN
PAUL REVERE?

THE spirit of Paul Revere, the famed patriot and dentist of Revolutionary days, and the group spirit of the Boston Tea Party need revival in the Commonwealth of Massachusetts today. The men of Lexington, Concord, and Bunker Hill fought and died in the battle against foreign injustice and unfair taxation; the descendants of the Men of Revolutionary days need today to fight the forces of internal and domestic injustice and government paternalism. The "red coats" of '76 were in many respects less dangerous than the Red Menace

that threatens the dentists and physicians of Massachusetts in the year 1931.

Presented as House Bill No. 288 to the Senate and House of Representatives in General Court assembled is "an act to create a Department of Public Medicine and Health"

"There is hereby created and established a department of public medicine and health, hereinafter called the department, for the purpose of furnishing a FREE [capitalized 'free' not in original, but around this word revolves the danger of this bill] and complete medical service to

Last month, "Diagnostician" felt the dental pulse for the first time.

The author is a well-known dentist possessed of a crusading spirit—and a sense of humor.

the people of the Commonwealth of Massachusetts . . ." Further on in Section 10 we observe: "There shall be in the department a division of den-

tists, to be known as division B and so referred to hereinafter. One of the above mentioned assistant administrators shall be the chief of this division, the personnel of which shall comprise all registered dentists practicing in the Commonwealth who shall elect to accept and submit to the provisions of the act."

The crux of the whole thing is summarized in Section 18: "The department shall render free medical and surgical services of all kinds known to science in all cases of sickness, accident, or childbirth, to all citizens of the Commonwealth at any time when called upon, including transportation to and from hospital, maintenance in hospital, and all drugs and artificial appliances and limbs, required or deemed advantageous for the speedy restoration of a sick or injured person."

Senior dentists are members of the dental corps who have served over twenty years. Dentists are members of the corps who have served over ten years. Junior dentists are members of the corps during their first ten years of service. "Members of the allied professions now practicing in the commonwealth, and nurses, who shall elect to

accept and submit to the provisions of this act shall be entitled to receive such yearly salary and allowances as the number of years they have practiced before the passage of this act would have entitled them to had this act been in force at the time of their registration."

That is, mere length of time in practice without regard for ability would largely determine the salary. A doddering dental patriarch with a long period in practices of, say, 25 years will receive a salary, including allowances, of over \$250 per month *more* than a well trained graduate who has been in practice 5 years.

And for those who at first blush might think that the salary arrangements are satisfactory, there is this joker to consider: "Schedule of salaries and allowances is hereby established, subject to change by the legislature only" In short, when such a project gets well under way and private practice is to a great degree done away with and the independence of the dental group is lost the legislature may *reduce* salaries to any level which they may wish.

Then there is this pleasant prospect which idea apparently came out of Moscow: "In case

Salaries and Allowances

	With Dependents		Without Dependents	
	Yearly Salary	Rental Allowance Substinence	Rental Allowance Substinence	
Senior Dental Director.....	\$7000	\$1262	\$438	\$960 \$219
Dental Director	6000	1440	438	960 219
Dental Inspector	5750	1440	438	960 219
Senior Dentist (Base pay)	4100	1440	657	960 219
Dentist	2600	1200	657	720 219
Junior Dentist (Base pay)	1500	960	438	720 219

a sufficient number of registered members of the medical and allied professions do not accept this act within one year after the passage, the additional number needed shall be obtained by assisting students and prospective students at professional schools and colleges with an annual allowance not exceeding one thousand dollars per year to each student who shall agree to accept this act upon graduation."

Section 27. "This Act shall take effect upon its passage."

Did someone say that panel and state dentistry was exclusively a European institution?

What modern Paul Revere in the dental group will rise and spread the alarm?

* * *

THE SITUATION ON THE MID-WESTERN FRONT

ALL is not quiet on the Mid-Western front.

Before the Chicago Dental Society is a tentative plan for the establishment of a "self-supporting dental clinic in Chicago under the professional direction of the Chicago Dental Society for the benefit of the small wage earner, and other persons of similar economic status."

It is understood that the money for the establishment of such a ten chair clinic will come from the Rosenwald Fund. The organization of the clinic will be made up of a Board of Trustees comprised of laymen and

a Dental Advisory Board composed of dentists appointed on the nomination of the Chicago Dental Society.

For the most part, the plan has been received favorably by the membership of the society. The opposition which has developed has been concerned with two questions:

First, what is meant by: "dental service would be furnished to both adults and children whose social and economic status falls within certain prescribed limits"?

Second, in the event that at the end of a reasonable period of trial and should the clinic not be self-supporting, would the Rosenwald Fund continue to supply funds for the clinic and so perpetuate it as a philanthropy?

Both objections seem to be well taken. To prevent abuses and injury to the practices of private dentists the patients who are admitted for care must be in such an unfavorable economic position that they cannot afford the services of a private practitioner. The insistence upon a self-supporting clinic is sound. For instance, if the Rosenwald, Rockefeller, Eastman, Carnegie, Guggenheim, Russell Sage, or any other fund or foundation, should begin to pour money in an unending stream into the dental field and establish clinics entirely free, or partly self-supporting, to which all manner and kind of patients could go for treatment, the

doom of the private practitioner would be at hand.

The tentative Chicago plan should receive careful consideration. Possibly it is the preventive or antidote for the more fearful state dentistry plan.

* * *

THE CULT OF THE DISCUSSOR

LET us send up hosannas to the name of Stanley D. Tylman and his program committee of the Chicago Dental Society mid-winter clinic. No discussors were upon the program. Sufficient time was allowed after each presentation for questions, both intelligent and asinine. The usual score prevailed: intelligent questions, roughly about 20 per cent; asinine, absurd, irrelevant, again roughly, about 80 per cent.

Types and Analysis of Nones-sential Discussors

Type one—Honest, sincere. Often reads a paper longer than one he is alleged to be discussing and on an entirely different subject. For instance, the essayist may present: "Pyorrhea as an Introversion of the Psyche"; the discussors in all seriousness may discuss "The Rings of Saturn." *Rating*: Honest, but dumb.

Type two—The fellow who was too busy or forgot that he was to discuss the paper and appears in the hall just as the lecturer is rising to the crescendo of the climax and with the conclusions looming close



ahead. With platitudes, anecdotes, and Pullman stories the discussor stumbles through his allotted fifteen minutes without once finding out exactly what the subject under discussion is. *Rating*: Dishonest, quite dumb, a boor of the first class.

Type three—Independent and an autocrat. The one who failed to make a place on the program as an essayist and who takes the opportunity as a discussor to show his independence and arrogance by forcing an original paper upon the audience. Has certain characteristics of Type One, with Type One's dumbness, but no streaks of honesty. *Rating*: Class Z-43. Should be tarred, and preferably feathered.

Type four—Aggressive and pompous. The chap who dis-

agrees on every point of the original paper, the lecturer's haircut, and seriously questions the mental states of the essayist, his friends, and family. A brawler with an inferiority complex who will do anything to attract attention. *Rating:* Eighty points below class Z-43. Should have his tongue excised and three pulps exposed on a cold winter's night.

Type five—All those and sundry others not herewith or heretofore specifically specified—so please your Honor!

* * *

THE FORM SHOULD EXPRESS THE FUNCTION

THIS is not an erotic writing let us hasten to warn, although the title may, perhaps, be misleading.

Louis Sullivan, among the great of American architects, in his "Autobiography of an Idea" elucidated a great law—that the form of a building should express its function. That is, if a building is made to house, say, corn it should not look like a cathedral; a railroad station should not look like a colonial town hall.

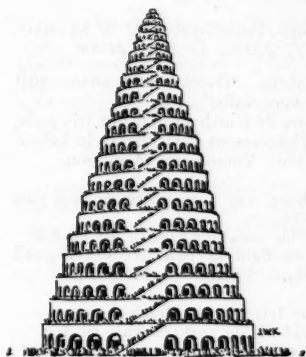
Now how does this artistic principle apply to dentistry? The dental office at one extreme should not look like a second-hand store with miscellanea, bottles, boxes, skulls, bric-a-brac, etc., on exhibition. At the other extreme, represented by the attempt to be bizarre or

modernistic, the dental office should not look like the foyer of a cinema with extremes of color and design in furnishings and equipment. The heavily laden office smelling of creosote and other medicaments is not much worse than the office reeking of exotic incense. And that sickly-sweet office deodorant and cheap perfume that reminds one of a railroad station latrine defies non-propane description.

And the gold fish bowls, antique furniture, grandfather clocks, and oriental rugs in the office of the swanky practitioner are inconsistent with the Sullivan law—"the form should express the function."

The dental office is essentially a place where business is conducted. (At least where one hopes to conduct some kind of business.) The function of the dental office is to supply the surroundings in which dentistry may successfully be practiced. The form, in both architectural layout and equipment, should express this function. The form of the dental office should embody: the cleanliness of the operating room; the order of the meticulous housekeeper; the businesslike atmosphere of the bank. Neither the harum-scarum, topsy-turvy office nor the seductively furnished, ornate one expresses the function—a place where health service is performed.

Tower of BABEL



LITTLE did ORAL HYGIENE think, when it published Dr. Frank Dunn's verse, "The Dunns, O'Tooles and Sullivans," in the November issue, that so many readers would reach for their pens and use them as swords. The first country to be heard from was Germany. Dr. P. J. Aufderheide had his say in the February number.

Now the representatives of other nations are speaking up in accents wild. Here are a few of their rhymed retorts:

IT WON'T DECIDE A THING

To me it seems a great disgrace
That ORAL HYGIENE gives its space
To settle greatness of the races
Between the Dutch and Irish.

Old Adam was a Benedict,
A fact you cannot contradict.
When Eve arrived he promptly
licked
Die Schultzes, Schmidts und Auf-
derheides.

And Mother Eve, for garments
brief,
From fig-trees oft plucked a leaf.
In shamrocks she put no belief,
Nor Dunns, O'Tooles or Sullivans.

Who cares a fig about the breed—
Scotch, Italian, or maybe Swede?

Or maybe Persian, Hindu, Mede,
Or just plain Smiths and Jones-es.

We may be Greek or Parlez-Vous,
Or Dane, or Welsh, or Norse, or
Jews.
It's nothing to give one the blues
If you be Brown or Perkins.

An argument of just this sort,
We say with fear of no retort,
Is like the Wickersham report;
It won't decide a thing.

This controversy put in rhyme
Shows only we have scads of time—
Hours that don't produce a dime;
Dunns, Aufderheides and I.

—R. L. BENEDICT, D.D.S.,
Iona, Michigan.

OLSON, YONSON EN MICHALSON

I do not question the sincerity of Doctors Frank A. Dunn and P. J. Aufderheide in their excellent display of historical knowledge. However, being a student of early history myself I feel it my duty in the interest of modern education to enlighten these ambitious youths further by sending a correct translation of a typewritten message discovered in a subterranean passage on the inside of an empty Three Star Hennessy bottle somewhere in the vicinity of the tomb of King

Tut.—Yours truly, A. S. MICHALSON, D.D.S., *St. Paul, Minn.*

Yah-nu "Greek en Romans still vore tails,"

Ann de Dutsh var all inn Iris yails,
Whu vass ett hass lutefisk in bales?
Olson, Yonson en Michalson.

Shure, vay bak ven tengs hass yust begun,

Whu vass ett having all de fun
Ann fighting yust like son-of-gun?
Olson, Yonson en Michalson.

De Iris ann de Dutsh ess treu
Did all de vork ett vars tu due.
Menn whu-in-ell var ett for, tu?
Olson, Yonson en Michalson.

Dey varen't so vise, dese Iris guys;
Ann de Dutsh vars gude tu baking pies

Fur fellas whu vere always vise—like

Olson, Yonson en Michalson.

Nu fighting vars a really game.
De Dutsh en Iris shure var lame,
But Wiking's wictory ess tu blame—for

Olson, Yonson en Michalson.

Oh, dere vass gammel-ost en sil;
En lutefisk ve had our fill.
De Dutsh ann Iris 'int learn't ett still—like

Olson, Yonson en Michalson.

Yah-shure, ven Yudment Day kom roun' dey'll tal

Iris ann Dutsh all gon tu hal.
Den—whu vill be left here tu jal?
Olson, Yonson en Michalson.

THE ISAACS, COHENS AND LEVYS
Before the Greeks and Romans wore tails,
And ere the Dutch and Irish were in jails,
Who sold them "toast mit quails"?
The Isaacs, Cohens and Levys.

'Way back when Solomon the Temple made,
By whom was all the music played?
Who started off the "Big Parade"?
The Isaacs, Cohens and Levys.

The Irish sent the pyramid bids,
that's true,
Which made the Dutchmen's eyes turn blue,
But who sold them to the Egyptians,
for just like new?
The Isaacs, Cohens and Levys.

The Irish cheered up Eve when all was dark.

The Dutch helped build Eden Park,
But for whom did they build the ark?

The Isaacs, Cohens and Levys.

What brave man rocked Goliath to sleep?

Who amused the children with "Little Bo Peep"?

What great people crossed the Red Sea deep?

The Isaacs, Cohens and Levys.

Who sold the robes to the Ku Klux Klan?

Who financed the Hurdy-Gurdy Man?

Who discovered the Relativity Plan?

The Isaacs, Cohens and Levys.

On Judgment Day who'll hold the sock?

Who'll sit on the golden coffers with a lock?

Who'll have all the Irish and German things in hock?

The Isaacs, Cohens and Levys.

—HARVEY H. WEISS, *City Health Officer, Cumberland, Md.*

MASSOLS, BREAUTS AND JUNIACS
When all the Romans, Dutch and Greeks

Were looking like a bunch of freaks
Who were the world's most famous shieks?

Les Massols, Breauts and Juniacs.

When Irishmen were all in jails,
And these other birds were sporting tails,

Who pal-ed around with the Prince of Wales?

Les Massols, Breauts and Juniacs.

When Noah still was in the flood,
Or stuck on a mountain in the mud,

In whose veins ran the sapphire
blood?

Les Massols, Breaults and Juniacs.

And wars! Mon Dieu! Why men-
tion that?

Who was it need but holler "scat"

To lay their foes *hors de combat*?

Les Massols, Breaults and Juniacs.

When the Irish, Dutch and all those
heels

Were distilling hooch from onion
peels,

Who served champagne at all their
meals?

Les Massols, Breaults and Juniacs.

And when it comes to Judgment
Day,

Who'll line up on the Rue de la
Paix

And sing the good old Marseillaise?

Les Massols, Breaults and Juniacs.

—WILLIAM C. JUNIAC, *Publisher,*
The Dental Students' Magazine,
Chicago, Ill.

A Visitor from London

DR. KELSEY FRY, of
London, was a recent
visitor to the States and his
departure was regretted by
all who had the pleasure of
personal contact with him.

He came to us with an
open mind to study the
many developments of our
problems and to leave with
us the work that has been
carried out in his country, which makes for
closer relations between the practicing dentists
of England and the United States.

His itinerary included New York, Chicago,
Buffalo, St. Louis, and Cincinnati. His prin-
cipal address was before the Alumni of the
Washington University School of Dentistry,
St. Louis.

Honorary membership in the University
chapter of Omicron Kappa Upsilon was con-
ferred upon him.



V—DILEMMAS OF DENTISTRY

The Case of **DR. JONES**

(Continued from April ORAL HYGIENE)

By EX-DENTIST

[In the concluding paragraph of the last chapter Dr. Jones asks Dr. Clarke to define the term "The Business Side of Dentistry." This chapter starts with Dr. Clarke's reply.]

"IN order to answer your question logically," said Doctor Clarke, "it may be necessary to repeat the gist of some of the things I have stated already today. But this may serve the excellent purpose of re-emphasizing points that we will do well to bear in mind.

"The use of the term, 'the business side of dentistry' is in some cases merely a play on words; in other instances it indicates a misconception of professional relations and functions.

"Many years ago, the two words *business* and *profession* contained practically identical meanings. At that time it was quite proper to call grocering a profession, or the practice of medicine a business, or vice versa. But since then these two words have assumed entirely

separate and in some respects contradistinctive meanings.

"The word *business* now denotes a commercial enterprise or personal activity, involving sales, operated primarily for profits, in which the buyer or client is presumed to be competent to choose and judge his requirements intelligently, to determine values by comparison, competition, or experience, and to purchase at his own risk.

"The word *profession* now signifies an individual, personal vocation, involving and limited to the exercise of specialized knowledge or skill, in which the compensation consists exclusively of personal earnings in contradistinction to the commercial sales profits of business. Furthermore, professionalism is bound by regulations, obligations, and aims at variance with current business rules.

"The business man may refuse, quite properly, to move, serve or deliver, except in response to profit motives, regardless of his customers' needs,



"And in presenting his fee, either directly or through his secretary, there would be no discussion of alternative procedures."

means, mentality or other circumstances.

"The professional man, however, has no such wide liberty. Physicians, lawyers, and dentists, for example, stand legally and morally in the relation of guardians to their clients, and are expected to prescribe and execute services only in accordance with their own carefully considered diagnostic findings, which, as I stated before, in themselves automatically preclude selling. Their fees also are subject to humanitarian and other social considerations that find no place in current business practice.

"Therefore, as professionalism is based on special personal

qualifications, personal services, and personal earnings, and as it specifically excludes sales and profits, and also as its aims, and its responsibilities to its clients differ fundamentally from those of business, it seems fairly obvious that dentistry practiced professionally can have no business side.

"Business and professionalism, however, do possess two elements in common, namely, financial and administrative problems. No doubt when dentists and others talk of 'the business side of dentistry' they really mean its financial and administrative sides.

"Perhaps, Doctor Jones, I may be able to bring out the

distinction between business and professional activities even more clearly by broadening the field of comparison. For instance, churches, universities, governments, and law courts all have their financial and administrative problems; but within the scope of their special functions they have no concern with sales or profits and, consequently, possess no business side.

"Obviously, the same principle applies with equal force to the legally recognized and specially privileged professions. Lawyers and doctors within their professional capacities make no sales and receive no profits. They are hired to perform personal tasks and their fees are personal earnings. No doubt the mechanical departments of dentistry and the comparatively recent assumption by dentistry of broad professional responsibilities have had the effect of confusing this issue in the minds of many dentists.

"Of course, I grant that dentistry may be conducted as a business, but wherever this is so it cannot be considered a professional activity. An incident that came to my attention a few weeks ago perhaps illustrates this point rather aptly.

"A patient requiring dental services visited one of our local dentists. After seating her in the operating chair, he examined her mouth, criticised the conditions found therein, and then propounded his prescription to her in general effect as follows: 'You require three

teeth extracted, Mrs. Brown, for which I charge two dollars per tooth with local anesthetic, or five dollars per tooth with gas. You also should have your mouth x-rayed, as this may save you trouble later. My charges for x-rays are extremely reasonable—varying from five to ten dollars depending upon the area to be radiographed. You need six fillings, which will cost you three dollars each in amalgam, five dollars each in porcelain, or eight dollars apiece in gold. You will need also a partial denture containing six teeth, which I can supply at prices varying from forty to one hundred and eighty-five dollars, according to the style of the appliance and the materials used.'

"He then asked his patient to choose between a local and a general anesthetic; to decide whether x-rays should be taken, and if so, the area to be covered; to pick out the type of fillings she wished inserted; and to select the particular style and materials that she preferred for the denture. He accompanied his questions by showing and discussing samples of x-rays, fillings, and dentures.

"Now, Doctor Jones, I would say that this practitioner, despite his degree and license, and without any reflection on his personal honesty, is operating a commercial enterprise and not conducting a professional practice. He is selling anesthetics, fillings, dentures, operations, and so forth, in a strictly business way and unprofessionally

placing upon the patient the burden of judging and selecting the different types of treatment and materials at varying prices.

"Now let us compare his procedure with that of a professional dentist under like circumstances. Suppose we pass over the preliminary personal considerations that every prudent professional man takes up with a new client, either directly or through his secretary, and proceed direct to the technical and financial phases of the interview.

"The professional dentist's first move, at this point, would be to inquire carefully into the health conditions of his patient in order to make sure that his patient is in sufficiently good health to undergo operative treatment without undue risk; to ascertain whether or not oral infection is impairing the general health; and to investigate the possibility of some nondental cause attacking the mouth.

"His next move would be to inquire into the dental history of his patient in search of predispositions, reactions, characteristics, and other symptoms, that oral inspection alone might not reveal and which might be important for him to know for the welfare of his patient, prior to determining his prescription.

"He would then proceed to his oral diagnosis, using x-rays as a matter of course. During his diagnosis he would explore the mouth thoroughly, investigate and weigh all existing ab-

normalities, and check these with the patient's health conditions and dental history.

"Next, he would formulate his prescription, co-ordinating it carefully with all of the previous steps and making sure that it is sufficiently comprehensive to cover all the elements involved and specific enough to provide against wrong sequence or disregard for detail. In outlining his prescription he would consider all the unfavorable coincidental and post-treatment contingencies for the purpose of modifying or eliminating them.

"After this, he would present his diagnosis and prescription to his patient in simple language, accompanied in most cases by an enumeration of the unfavorable contingencies involved. The prescription would contain all and only such services which in his carefully considered professional opinion would be most protective and most beneficial to his patient, and for which he would be prepared to assume complete moral, technical, and legal responsibility.

"This prescription would be final and not subject to change by his patient, excepting only that the execution of part of the prescription might be deferred or even indefinitely postponed, providing such deferment or postponement, in the dentist's opinion, did not jeopardize the ultimate dental welfare or general health of the patient.

"His fee would be based principally upon the following

factors, namely, the health conditions of the patient; the dental history; the scope, character, and amount of treatment; the unfavorable contingencies involved; the post-treatment services indicated; his reputation and experience as a dentist; his average class of patients; and most particularly, the financial circumstances of the individual patient, as he would consider it his professional duty to refrain from imposing any undue financial hardship.

"And in presenting his fee, either directly or through his secretary, there would be no discussion of alternative procedures, alternative materials, or alternative fees. The patient would be given to understand, wherever necessary, that the fee stipulated would be for correcting the combined irregularities disclosed by the diagnosis to the best of the dentist's ability and that this would involve a range of professional responsibility, knowledge, and skill that could not be detailed in the fee or applied to isolated acts or parts of the treatment, or to the materials used.

"If I have outlined the two procedures correctly, at least in a general way, some of the irreconcilable differences between business and professional dentistry may have been made clearer to you," concluded Doctor Clarke.

Although Doctor Clarke's interest and courtesy still seemed unabated, I felt that I had imposed sufficiently upon his un-

usual kindness. Just as I was thanking him and preparing to take my departure, he suggested that I might like to look around his establishment, to which I readily agreed.

The building in which Doctor Clarke's offices are located is a large, stone residence, on a street that evidently had been populated at one time by well-to-do families. On first approaching this building, I had surmised that he was using it for both professional and residential purposes. This impression appeared to be confirmed when the maid, in uniform, who answered the door bell ushered me into what seemed to be the family drawing-room. I was, therefore, surprised to be informed now by Doctor Clarke that the entire building was being used by him exclusively for the purposes of his practice.

The first floor consisted of seven rooms: two very large connecting reception rooms; a smaller room, but still fairly large, that Doctor Clarke described as Miss Wentworth's private office; a still smaller room that the doctor termed the accounting secretary's office; a fairly large room equipped as a children's playroom; a tastefully furnished rest room for the staff; and a large family kitchen equipped as a laboratory. This floor was substantially and tastefully furnished and conveyed the impression of a fine home, or a private club, rather than that of a dental office.

The second floor contained

eleven rooms. Seven of them were equipped as operating rooms, one as an x-ray room, two as rest rooms for patients, and the eleventh, in which the doctor and I had enjoyed our chat, was a very comfortable den. The third floor, the doctor informed me, was occupied by the resident caretaker.

When I expressed my astonishment at the size and character of his establishment, Doctor Clarke said: "The blame or credit for this should go largely to Miss Wentworth. After she had been with me for some time, we became crowded with patients and she informed me then that in her capacity of executive secretary, responsible for the satisfactory net earnings of the practice, she could not afford to have me render professional services of a simple nature that could be performed just as well by some other practitioner whose time was less valuable.

"To meet this situation she suggested that I bring in a newly graduated dentist as an associate, who might be glad of the opportunity to acquire practical experience in an established practice before setting up for himself; she also recommended that I engage a competent hygienist for prophylaxis. After considerable hesitation and deliberation, I consented to her suggestion and instructed her to look for suitable offices. She could find no quarters of sufficient size for our program of enlargement in any of the office buildings, except on terms that

appeared prohibitive to both of us.

"She was almost in despair when she heard that this building was for rent. The location, being so near the central business district, seemed convenient enough for our patients. The rent was less than one quarter of what I would have required to pay in an office building for less ample space. Of course, there was the cost of heating and upkeep to consider and the departure from the modern trend of dental offices.

"Miss Wentworth was in favor of this house. I was somewhat afraid of it. Eventually, I let her have her way, and I can't say that I regret it.

"The place has advantages that I did not foresee. There is parking space in the back yard, which patients appreciate. Had I moved to an office building, I would not have provided a playroom for the children. The homelike atmosphere and commodiousness of the reception rooms seem to have a relaxing effect on patients that I find very beneficial, and which Miss Wentworth tells me facilitates the work of her department. In an office building I would not have had such spacious and inviting rest rooms; the offices and operating rooms would have been more cramped and less enjoyable; and I certainly would not have provided a den for myself. To me the place has developed a warmth, restfulness, and individuality that I had never experienced in any of

my previous offices. I have gotten to like the place and I take pleasure in co-operating with Miss Wentworth in making it attractive.

"Besides, I am coming to the opinion that the present trend towards group or institutional practice in medicine might be extended profitably to dentistry. For the eight years following my graduation, I practiced entirely alone. I had no one with whom I could air my problems or plans. I was forced to keep them circulating in my mind without opportunity for utterances. Many of my best thoughts died because I was unable to give them the test of intelligent discussion. It seems that the act of setting up our ideas into orderly language clarifies them, and that the approval or criticism of some third party imbues them with vitality. I found that the absence of an outlet for my mental speculations was developing not only indecision but also was breeding a morbid and sensitive secretiveness.

"After Miss Wentworth joined me this situation was excellently relieved so far as the affairs included in her department were concerned; but I still had no one with whom to discuss technical phases. My present type of practice provides for this admirably. Whenever I have a problem or an idea, I simply expose it to one of my practicing associates. His point of view may be valuable, but if not, I usually find that the process of transposing the

thought into words solves my perplexity.

"This type of practice also makes it possible to place at the disposal of our patients a wider range of professional knowledge and experience. I find that each of my practitioner - associates has some fund of special and valuable professional knowledge not common to the rest of us.

"It also seems that this type of practice may help to solve some of the problems surrounding the launching of the inexperienced graduate into practice. The average graduate is not adequately equipped to do justice to his patients or himself when he leaves school. The opportunity to work in an ethically conducted practice of this type for a year or two after graduation should be extremely beneficial to him."

"Would you advise dental offices of this character as a general rule?" I asked.

"No," Doctor Clarke replied. "Establishments of this type and magnitude are profitable and appropriate only where a group of practitioners practice under a single or common organizational administration."

"How many practitioners are there associated with you," I asked.

"Four," he replied. "Three dentists and one hygienist."

"Have you in mind, Doctor," I asked, "that there may be some danger of one or more of your associates leaving you and taking part of the practice with them?"

"No," answered Doctor Clarke. "I think that there is no such danger. I am sure you will agree with me on this when you understand our practice structure more fully."

"You must find the management of such a large establishment quite a task, Doctor," I said.

"My personal duties," he replied, "are, as I have already explained, limited to the technical end of the practice, and I do not find them onerous. The management in its financial, social, and organizational aspects falls on Miss Wentworth, and she seems to cope with it successfully and without undue stress. The fact that she has grown up with it no doubt gives her an advantage."

"Miss Wentworth must be a very wonderful woman," I said. "How would it affect you if by chance you should lose her?"

"Sentimentally, it would be a terrible catastrophe," Doctor Clarke said. "She has been so loyal and brave and our work together has been so enjoyable and successful that the mere thought of losing her is appalling. However, the effect on the practice might not be marked. First of all, her practice-build-up work has been performed so

solidly and enduringly that its momentum will continue for a long time. In the next place, she has selected and trained her assistant with the idea of taking her place in such an eventuality. And finally, as I originally selected and trained Miss Wentworth, I feel able to repeat the same accomplishment with another, if needed."

"Well, Doctor," I said, "you have given me a great deal to think about. I am naturally anxious to find a successful way to practice. The idea of delegating the non-technical duties appeals to me. At any rate, it seems to work out excellently with you. I realize that I would have much to learn before I could put your method into operation. Should I adopt it, I certainly would appreciate the help and instruction you so generously offered. Could I ask you to hold my acceptance of your offer open for a week or so?"

"Why, certainly," Doctor Clarke replied. "Don't think of starting until your mind is well set."

Thereupon I thanked him sincerely again for his time and unusual consideration, and departed.

[The June chapter introduces "Miss Wentworth."]

Since Ed Hunt's Day

Congratulations on the improved appearance of ORAL HYGIENE. I have read it and enjoyed it and watched it grow since its inception with Ed Hunt at the helm. More power to you.—ARTHUR T. WHITE, D.D.S., Pasadena, Calif.

Tempus FUGIT



From the first May
issue of ORAL HY-
GIENE, published 20
years ago, in 1911.

FROM INDIA'S CORAL STRANDS

A correspondent in Delhi, India, writes as follows:

"I have read your article, 'What Is the Best Way,' in the January number and note that you ask for suggestions. Here in India there are thousands, yes, tens of thousands, of the poorer natives who cannot afford to pay even a rupee, thirty cents, for dental or medical relief of any kind and it has struck me that the best way to help them would be to devote one forenoon a week, at least, at one of the numerous Government Charitable Dispensaries, giving time and material gratis. Of course, I hoped and believed the Government would eventually see the absolute necessity for the work and would put in a dental outfit and pay a dentist a salary for devoting all his time.

"The conservative British Government is slow to move and though I have offered my services free at two cities, Mussoorie and Delhi, I have not been called upon to help.

"Once the Government does move in the matter, I expect it to be whole-hearted and thorough. In the meantime all I can do is to look after the poor in my immediate neighborhood,

servants, coolies, farmers, and the like.

"It is a stupendous undertaking to attempt the care of the 290 millions of India, but it has been done in medicine and as the medical profession awakens to the call of dental surgery and its necessity, probably some impression may be made."

BORN DENTIST

Representative Gaines, of Tennessee, although naturally cast down by the indifference of an ungrateful constituency that did not return him to Congress, is not utterly obliterated. He still contributes to the gayety of nations when it comes his turn.

In the House of Representatives yesterday he was discussing a bill authorizing the appointment of 30 dental surgeons for the navy and marine corps between the ages of 24 and 35 and was seeking to reduce the minimum age to 21 years. Clinching his argument, he referred to a distinguished dentist of his own city, Nashville.

"Was he so able at the age of 21?" some scoffer inquired.

"Why," answered Mr. Gaines, seriously, in a tone of mingled disgust and ennui, "he was a natural-born dentist."

Let there be LIGHT!

By ISAAC L. FOLSTEIN, D.D.S.

ABOUT ten years ago, there began to appear in our dental periodicals various articles describing and discussing a new therapy for use by our profession, namely, the use of the ultra-violet ray.

Naturally this new subject was looked upon by the great majority with wide-eyed curiosity and with great skepticism. Considerable discussion and debate followed, as was to be expected, and it was not long until other articles followed, claiming for this therapy greater possibilities than even the most hopeful dared claim for it; in short, it was claimed to be a panacea for all dental ailments.

At about the same time there also appeared some articles by those of our profession whose leanings were directly in opposition. These men held that the entire theory of this therapy was a fallacy, that there was nothing on which such views could be based, and that the entire thing was nothing but a fad for a few of the profession eager to cause a sensation.

All this because of light. Ten years ago it was called light therapy; today it is called ultra-violet radiation.

The first of a series dealing, in simple terms, with ultra-violet.

What has been accomplished in these ten years with this form of therapy? Where does it stand and what progress has it made? How has it been accepted; or has it been discarded by the profession? Who has come to the fore, the pioneers, with their plain statement of the facts, or those who overexaggerated with their bold and rash statements? What became of those who, because of their natural reluctance to progress, feared to believe, because of the conservatism so natural to the medical world? Where do we stand? Let there be light!

Ten years make a decided difference and the ten years just past have definitely decided for the acceptance and the retention of this new therapy. In fact, so overwhelming has been the opinion of the majority that this new field should be further explored and further developed that today in practically every dental periodical, one can find this subject discussed from new

and different angles; and the discussions are not on "the whether or not" but on "the how and where."

Ultra-violet radiation has definitely arrived, as it were. It is here to stay. If the present amount of favorable comment is to be taken into serious consideration, together with the fact that practically all dental institutions of note in our country have placed this method of healing in their clinics and laboratories and also realizing that the foremost practitioners of our times have installed this procedure in their own offices for daily use, it then must be conceded that this form of therapy has been definitely accepted as a part of dental knowledge,

to be used by the dental surgeon for the good of mankind.

By no stretch of the imagination is ultra-violet irradiation a new science. It antedates the Christian era. In fact, we have definite knowledge of its use by the Greeks and Romans. The ancient Latins made ultra-violet light famous when they erected their famous baths and sun bathing became the thing of the day. On through the ages we have records and writings describing the treatment of various skin ailments by exposure to direct sunlight, under the advice of those who at that time were called healers.

About the close of the nineteenth century, it was discovered that sunlight possessed

ultra-violet
violet
indigo
green
blue
yellow
orange
red
infra-red

Invisible to the
naked eye.

Commonly called
cold rays.

Visible rays.

Seen with the
naked eye.

Invisible to the
naked eye.

Commonly called
heat rays.

Figure 1

chemical properties and also that sunlight was not as simple a matter as it seemed. Sunlight, at about this time, was divided into two parts, light and heat. This division led to further division into distinct rays. The spectroscope soon came into being and sunlight was definitely divided into visible and invisible rays. The visible rays were those that could be detected by the naked eye and were distinguished by their colors, which are red, orange, yellow, blue, green, indigo, and violet. The invisible rays were located at both ends of the visible rays.

The rays below the red rays were commonly called the infra-red rays, or heat rays. The rays above the violet rays were called the ultra-violet rays, or cold rays, to distinguish them from the heat rays. It was later established that these latter rays possessed distinct chemical properties and were capable of producing chemical reactions, and hence were called actinic rays.

In this same nineteenth century there began to appear, especially in and around Switzerland, several so-called sun clinics. Patients suffering from skin afflictions, tuberculosis, and diseases due to deficiencies of calcium were treated there. Marked benefits were demonstrated and it was in these clinics that ultra-violet irradiation first began to be studied from a strictly scientific point of view.

These sun clinics soon discovered that sunlight was not always to be had when desired.

They discovered that there were limited days of strong sunlight; also, that even on days when the sun did shine, such obstacles as clouds, extreme cold, dust, damp air, etc., were also present; that in cases where sunlight had to be administered more than once a day, the sun had already set, and it necessarily meant a delay of many hours. It was also discovered that the intensity of the sun's rays varied with the time of the day, namely, that the ultra-violet rays of the sun were strongest at noon and weakest in the morning or the late afternoon, when they contained more of the infra-red rays. So it is not surprising that an artificial sunlamp was soon invented by a Doctor Finsen who produced this ultra-violet ray machine by using carbons, especially impregnated, through which he passed an electric current.

As a result of this lamp we have today the extremely fine lamps of high intensity and of high ultra-violet ray emission.

Few lamps today use carbons. Most of them are mercury arc lamps which are made of a fused quartz vacuum tube, holding chemically pure mercury. Into this quartz tube extend the ends of an electric circuit, and when the current is turned on, the light emitted is very rich in short wave ultra-violet rays.

Such a stage of perfection have these lamps attained that they are now constructed for different purposes, including various applications in dentistry.

Patient Portraits—I

By HERBERT W. KUHM, D.D.S.



THE good-natured old soul type of patient—alas!—is duplicated far too infrequently among the dentist's clientele. She is usually a small, mild-spoken woman. There are lines on her face, lines on her brow from the great concern she takes in the affairs of those whom she loves; tiny lines also radiate from the corners of her

THE GOOD OLD SOUL

eyes, lines of laughter moulded into her plastic features by the benign sense of humor that is inherent in her. Laughter has also chiseled twin lines at either side of her full-lipped, generous mouth.

She is a godmother to her dentist. Always concerned in his welfare, she advises him not to work too hard, admonishes

I him against his late evening work, and warns him when she thinks he is not looking well and needs rest or "doctoring."

She inquires unfailingly about the health of the "Missus" and the "kids" and recalls all the pleasant little things that you told her about them years ago. (Years ago when you were still a proud young papa! Gee, how time flies!)

She brings you armfuls of flowers from her garden in the summer time, flowers that she has mothered into such luxuriant beauty, and at Christmas time she comes in with "just a little something for the children." (You'll never forget the day she came in with a luscious lemon pie done up in a big hat box!)

And as a patient, she's non par excel! Whatever you do for her is right. "You're the doctor; do what's necessary." When things go "haywire," as things will do once in a while, she's encouragingly patient. No kicks from her. No grousing. "Just fix it up as you think best. No, there's no hurry.

Take all the time you need. Just call me when you can take me."

She may not make as flashy a splash to the eye when she comes in with her plain, neat clothes, and she may look like a mild little dove compared to the glittering, enameled, painted, and varnished type, but her clothes are paid for, there's no installment agent on her trail. She can answer her doorbell any time of the day. And you get your money promptly when the work is done—often, even, in advance!

One of her fingers, careworn with the loving tasks of home, is worth more than the whole arm of one of the glittering fraus.

Alas, she is all too infrequent, and her kind, to America's great loss, is fast vanishing.

Her features may be furrowed, and her hands gnarled and heavy-veined from a lifetime of homely tasks; but the hair about her head is a halo, and a touch from her hands a benediction.

God bless her!

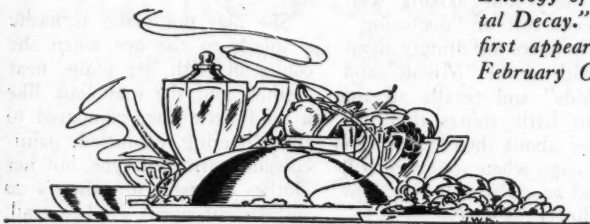
Help Relieve Unemployment

In order to relieve the unemployment situation as relates to ex-service men, the U. S. Veterans' Bureau has organized an employment service.

We have a number of unemployed dental mechanics who have had ample experience to fill responsible positions of that character. It suggests itself to this office that there may be ad-

vertisers and subscribers of your paper who desire the services of such men, and we would be pleased if you would refer any such inquiries to Mr. L. A. Beem, Employment Representative of this office.—JOHN H. ALE, Regional Manager, Veterans' Administration, United States Veterans' Bureau, Indianapolis, Indiana

Here is the fourth chapter on "The Etiology of Dental Decay." The first appeared in February O. H.



FOOD *and the Teeth*

By DAVID M. COHEN, D. D. S.*

CHAPTER IV

Human Nutrition Becomes More and More Complicated, Unnecessarily and Harmfully

NOBODY can deny that the civilized human being eats worse and worse every day. To the hustle and bustle of the century, which obliges us to shorten and to synthetize almost everything, must be ascribed the intemperance and the other vices of contemporaneous cuisine.

Furthermore, the social conditions of our era separate the parents from their children at the very moments when the latter most need the guidance of

the former; for the "soil" improperly prepared at an early age may sometimes become irremediably insufficient throughout the entire life.

The champions of what might be called a rational and natural nutrition, constitute an infinite minority; and we believe that nobody can deny that it is nutrition which is at the very foundation of health.

How can we explain this drifting away from Nature when the human being finds in Nature the true resources with which to defend himself against outside influences?

Is it not admissible to believe that the problems which are occupying us so intensively must find their solution in the simplification, and not in the un-

*Dr. Cohen is professor of therapy and hygiene in the dental school of the University of Buenos Aires, Argentine.

necessary complication of the all important alimentary factor?

Have we perchance swerved overly much from the natural paths for the sake of pursuing the tortuous lanes of caprice or to choose artificiality, products of human ingenuity and imagination?

Why is it that civilized man is so much weaker in his fight with pathology than the primitive or less cultured races?

Why has one been able to prove immunity against caries and other diseases in peoples leading a more primitive but more natural life?

May not the mode of living hold the answer to all these questions, and will not nutrition be found to play the principal rôle in the organic defense, among the complex of habits and customs?

There are not a few authors who attribute to food the cause of the differences observed in the various races. Darwin (17) has called attention to the immunity to caries of the gauchos of our pampas, and Miller (18) adds to this observation: "The gauchos who eat meat remain exempt from caries, while another similar tribe of Chile, who live on bread, meat, etc., show dental decay to the extent of 19.3 per cent. However, the gauchos who live in the cities, follow a mixed regimen, and take sugar in abundance also suffer much from dental caries."

17. Darwin, cited by Etchepareborda, *loco cit.*

18. Miller, cited by Etchepareborda, *loco cit.*

Etchepareborda (19) confirms the observations of both authors in all respects.

Other authors have observed a similar immunity in vegetarian races, and finally Pickerill cites the example of the Maori whose regimen is mixed, the same as that of the Eskimo.

Looking at the nutrition of these two races, the most immune of all known races, he calls attention to the fact that fruits and herbs are the foods consumed to the largest extent; meat is an exception with the Maori, and is frequently replaced by seafoods among the inhabitants of the frozen regions.

It is important to note that among those people are almost unknown the hydrocarbon foods, especially the starchy and sugary products that are consumed in such large quantities in the civilized centers. We must remember that the Maori succumbed rapidly to caries when they incorporated sugary foods into their daily meals.

The conclusion to be drawn from this is not difficult to define; the food products made from sugar are fatal to the integrity of the teeth. This, of course, does not mean that such food elements should be eliminated from human nutrition, but rather that they should be taken as Nature is offering them to us, in a pure and inoffensive form, such as in fruits. Among the sweets, the caramels and

19. Etchepareborda, N., *Susceptibility and Immunity in Dental Decay*, Rosso y Cia, Buenos Aires, 1917.

those made from chocolate seem to be the most harmful products; on the other hand, sugar cane does not possess any harmful properties. The intense decalcifying action of such sweets, in mouths with acid saliva, has been experimentally demonstrated not only in persons predisposed to, but also in those immune against caries.

Taking into account that in the mouth bread is transformed into lactic acid more rapidly than sugar, it appears useful to say a few words of this, our daily food. The facility with which bread acidulates the oral medium does not appear strange when one considers that it is composed, almost to half its weight, of carbohydrates.

It is evident that not all types of bread are identical, and although not all authors are unanimous in their opinion on that particular point, it may be stated that it is generally accepted that white bread, refined, is most harmful; it is well known in what enormous quantities this article of food is consumed and how little are appreciated the other varieties, less fine, less presentable, but much more healthful and nutritious. In the present mode of nutrition, therefore, we find an abuse of just such factors which lead to the ready production of acid, a factor which initiates the destructive process of the teeth.

With prehistoric man, caries was exceptional; and it begins to appear, however in an infinitely slight degree, in the neolithic age. It is highly interest-

ing to observe in skulls from those remote ages the abundance of enormous mechanical abrasions—due, no doubt, to the character of the foodstuffs—and the absence of caries in spite of these favorable conditions.

The same may be said of pyorrhea, although some authors consider certain lesions found in these skulls to present evidence of this disease. The condition of the condyles, form, and articulation of the teeth, as well as the anatomical characteristics of the maxillary bones, clearly indicate that these individuals must have developed a far greater masticating strength than our contemporaries, for the mechanical treatment of their foods.

Starting with the Heidelberg man—the oldest known—up to that of the Chelense period, one can distinguish a marked decrease in the massiveness of the different elements of the masticatory system, which seems to indicate that the efforts required for the mastication of food have gradually diminished, although they are yet quite formidable as compared with those that came later.

It cannot be denied that the form of teeth and jaws is intimately bound up with the character of the foodstuffs, apart from other biological inodalties, such as the fight for existence and the preservation of the species. The teeth are wisely constructed for the functions which they are to fulfill, so that it is possible by their

study alone to determine the kind of food taken by the animal, as well as its mode of living and its approximate stature.

It is useful to examine briefly the disposition of the dental equipment of the higher animals for purposes of comparison with that of man.

In carnivorous animals the opposing teeth articulate in a manner very similar to that of the blades of scissors; the molars are enormous and strong while, in turn, the incisal group is small and insignificant. The insectivorous animals are characterized by having special cusps which permit them to bring their molars together into a veritable mesh. In frugivorous animals, on the other hand, these characteristics are less pronounced, and in herbivorous animals the masticating surfaces are wide and rugous, somewhat similar to the stones of a mill.

Analogous contrasts can be observed in the temporo-maxillary articulation which, for example, in carnivorous animals resembles a hinge because such an animal does not need to make other movements in feeding. In herbivorous animals, on the contrary, the articulation is so arranged as to allow wide movements laterally and mesio-distally.

Now, the question arises in which category man should be placed in accord with the characteristics of his dental equipment? In general it is thought that the human being occupies an intermediate position, and that the arrangement of his

teeth speaks in favor of a mixed diet which "the general custom has established as being favorable and natural for our species." (20)

Without opposing such a mixed diet, which means the introduction of meat and its thousands of derivatives, we believe that the human being—without the valuable help of instinct—has finally become omnivorous in a most unbridled manner, since he eats everything, whether wholesome or harmful, and pretends to be omnivorous like the hog and the bear (the only truly omnivorous animals) whose masticatory and digestive organs are totally different from ours, or else wants to be carnivorous like the dog whose alimentary organs show an equally wide divergence.

Furthermore, the human gastro-intestinal tract is not very well equipped for the ingestion of meat, which figures very largely in this mixed diet. Flesh-foods impose on the human stomach an effort which does not seem in proportion to the strength of this organ and the normal secretion of its juices; it is for this very reason that the wild beasts possess a very powerful stomach and, at the same time, a very short intestine, for the simple reason that they do not have to digest vegetables.

The herbivorous animals, on the other hand, represent the other extreme, since their intestine is very long. The human

20. Mellocchi, R., *Revista Odontológica*, 1924, p. 5.

being, in this respect, occupies an interproximate position, about halfway between the true carnivorous and the pure herbivorous animal, approaching more or less the frugivorous type, as represented by the gorilla, man's closest relative and his nearest likeness.

The gorilla also departs from the rigorous frugivorous line, eating eggs and other foods of animal origin in his daily menus, but draws the line at flesh-foods. Man, however shows a great preference for such victuals and negotiates those innumerable combinations which crowd the cuisine of the gourmet, in the name of his refined palate.

Without rejecting meat altogether, we must not forget that it is one of the outstanding producers of uric acid and plays an important rôle in the etiology of arthritis and other diseases; it predisposes to constipation and, if retained in the intestine, produces an abundance of toxic substances. Nor is meat an element which is indispensable to human life, because many people do not eat it and are yet very healthy; and because, as we said above, the human being does not seem to possess organs particularly fitted for its mastication and digestion.

That he can masticate and digest it at all is because he submits it previously to a series of artificial manipulations which, besides satisfying the desire of taste, also favor such physiological processes as the

carnivorous animal, no doubt, does not need by nature.

Hence, meat does not appear to be a food which the human being is seeking by instinct; if he did, he would eat it raw, a form in which he will accept it only under very especial circumstances and certainly not with any great pleasure. In Rubin's diet for tuberculous patients, meat is prescribed in the raw state, undoubtedly in order to utilize the maximum of its nutritive properties.

It is, therefore, logical to think of a regimen which, while it should supply the same nutritive elements, holds fewer inconveniences and dangers.

Man never ingests his food, says Gley (21), without having previously subjected it to a complicated preparation, the object of which is to make it more agreeable to the sense of taste and, consequently, to facilitate its digestion.

The experiments of Pavlov (22) have shown that all dishes which excite the appetite stimulate the secretion of gastric juices, apparently bearing out the old saying that the appetite is the best condiment.

It is also quite certain that when a food is transformed—by means of chemical combinations which any specialist prescribes for his patients—for the purpose of exciting the appetite, this period preceding its ingestion is, in our opinion, not only unnecessary but also of little ad-

21. Gley, *Physiology*, published by Salvat, Madrid, 1923.

22. Pavlov, cited by Gley, *loc. cit.*

vantage if, for its sake, one resorts to materials whose composition must of necessity do harm to the gastro-intestinal tract.

If the increased production of digestive juices as a result of the appearance of appetizing dishes were an argument in favor of a good digestion, then we would necessarily have to accept as efficient auxiliaries all those well known artificial means which the hypernervous human being uses daily for the purpose of starting a function which ought to be initiated spontaneously and quite naturally (aperitifs, liquors, hors d'oeuvres of more or less irritating ingredients, pickles, etc.).

An individual whose palate has not experienced the ravages which are characteristic of our contemporaries who are living in the large cities does not need, most assuredly, any special or preliminary mechanism so that his organs may find themselves in the proper condition to receive and digest the good foodstuffs which are offered them. It is easy to see how the above mentioned excitation of the appetite by artificial means holds a positive element of vice about which it is unnecessary to speak at this point.

Returning for a moment to the differences that have been observed between the various races, we must recall certain interesting observations which were made in the course of the European War. The important question of economy obliged the

governments to husband their resources in order to ensure the most economical alimentation possible for their armies; and it could be proved later that these very cheap regimens maintained the soldiers in excellent condition, in spite of the extraordinary activity which they had to pursue.

Babini (23) cites the case of the Italian Army which was fed almost exclusively on starches and vegetables, meat portions having been reduced to the minimum; the calories produced by such a menu amounted up to 3,800, sufficient for an individual who has to make intense muscular efforts.

Clapp (24) showed that the Italians were found to be markedly immune from dental caries, in spite of the fact that their mouth and tooth hygiene left much to be desired. These men did not indulge in sweets and candies, and ate little meat and hardly any paps, in spite of their nationality. Their principal foodstuffs consisted of hard bread, greens (garlic and onions in large quantities), and fresh fruits. Sugar was reduced to the minimum. On the other hand, the other Europeans and the Americans used an excessive amount of sugar, sweets of every description, and gruel and meat. Fruits and green vegetables were eaten in very small quantities only.

23. Babini, *Revista de la Asociación Dental Argentina*, 1921.

24. Clapp, G. W., *Dental Digest*, May, 1928.

Children — the Vital Problem

THE opening gun in an intensive campaign to awaken dentistry in New York to its responsibility in the care of children's teeth was fired at the March 2 meeting of the First District Dental Society of New York. Dr. William D. Tracy, Chairman of the Dental Committee of the New York Tuberculosis and Health Association, one of the organizations behind the campaign, in opening this, the first of a series of meetings on "Dentistry for Children, Today's Vital Problem," scored his brother dentists for what he termed a callous indifference to the dental care of children. He also set forth the conditions in dentistry which the campaign was organized to combat, namely, the alleged tendency of the profession to consider the deciduous teeth as not worth saving, as they will soon be lost, despite the fact that clinicians have reported time and again that in numerous cases the health and appearance in later life have been seriously affected by circumstances directly traceable to early neglect of the deciduous teeth.

With this presentation, Doctor Tracy introduced Dr. F. Blaine Rhobotham, of Chicago, nationally known as a pedodontist. Doctor Rhobotham minced no words, but in plain language told his audience that the dental needs of children must be

treated and the dentist must do the work. Clinical surveys have definitely shown the deleterious effects of oral foci, he declared, and it is up to the dentist to minimize, if not completely prevent, the many cases of cardiac insufficiencies, arthritis, ocular disorders, and other systemic manifestations which have been attributed to focal infections.

Another phase of children's dentistry which needs constant attention at all times is the possible facial deformities resulting from malformed dental arches and poorly developed dentitions. Doctor Rhobotham declared that orthodontists assert a large number of facial deformities could have been prevented by judicious extraction or the placing of space retainers when premature extraction was necessary.

Considerable interest was shown in Doctor Rhobotham's method of building up the occlusion of hypoplastic six-year molars with cast gold crowns. These gold crowns were retained until about the age of sixteen when they were replaced by porcelain jackets. He also advocated gold inlays, where indicated, both in the deciduous and permanent dentitions of children.

Doctor Rhobotham threw a new light on the economic phase of operative dentistry when he declared: "A filling inserted during the youth of the patient

is of much greater value to the recipient than a filling placed in adult life, because of the longer service the filling will give." According to life expectancy tables, Doctor Rhobotham demonstrated that a good filling placed at the age of ten will serve the patient for at least forty-five years while an inlay placed at the age of fifty will only give five years of service.

Another shortcoming of dentistry in its care of children's teeth, Doctor Rhobotham said, is in considering that "prophylaxis" means merely cleaning the teeth. It includes a great deal more—the prevention of disease. In the category of "prophylaxis," he included diet, sunlight, cleanliness, and early treatment of pathologic conditions. To give the maximum benefit, Doctor Rhobotham said diet and sunlight should be operative at a very early age.

The seriousness of the problems of focal infections in children was driven home by Doctor Rhobotham in the statement that he had found from one to three infected teeth in many children between the ages of five and fourteen. The absorption of these infective bacteria and their toxins, he said, have a direct detrimental effect upon the body economy and the metabolic equilibrium, and are largely responsible for many cases of heart disease, rheumatism, rhinitis, and other systemic condi-

tions found in young adults. In a large hospital he found the mouths of children veritable hotbeds of infection, with nothing being done to remedy the dental conditions, although all other parts of the body were being treated. The solution of these problems lies in the hands of the dentists and they must do their share to the best of their ability.

Dr. Samuel D. Harris, of Detroit, dealt with actual operative procedures used in pedodontia. He told of methods he uses in dealing with children and of the toys he has in his waiting room to allay fear.

In the operating room, Doctor Harris deals kindly, but firmly with little patients. A quieting hand is placed over the mouth of a recalcitrant child until it ceases its struggles and cries.

Of particular interest to those present was his advocacy of arsenic as a devitalizing material in the operative treatment of children's teeth. Due to the numerous controversies over this drug, great surprise was manifested when Doctor Harris mentioned it. He declared, however, that until he could obtain a better drug, he would continue to use arsenic; in his hands, it had lived up to all his expectations. However, he urged caution in its use and in the quantity employed at any one time.

INTERNATIONAL ORAL HYGIENE

Translated and Briefed by
CHARLES W. BARTON



F R A N C E

Drs. Garin and Bouget believe that lack of ultra-violet irradiation in large cities contributes largely to the high incidence of decay of the teeth of city children. In France, medium sized cities, such as Saint-Etienne, Montpellier, Besancon, Montlucon, Nice, Metz, etc., possess children's dental clinics. School dental clinics should exist in all the *big* cities and should be equipped with facilities for therapeutic ultra-violet irradiation.

La Semaine Dentaire

* * *

GREAT BRITAIN

Children's teeth are on the down grade in Cumberland, according to the annual report of Mr. F. E. Gilleron, school dental officer for the county. In his report he expresses the opinion that the deterioration is due to the effect of diet. Many parents, he states, have been living on unemployment relief, or their wages have been very small for the past six or seven years. In

the effort to balance the family exchequer, diet has been selected for quantity and not quality.

The Dental Record

* * *

A school dentist was appointed seventeen years ago in Radcliffe, and not only has the work done by him benefited enormously the health of the children who have received treatment, but they have learned to realize the necessity of looking after their teeth and the advantages of oral hygiene. It is only on rare occasions that one sees really bad cases of dental caries among the local children, but nevertheless nearly nine out of ten were found at last year's annual inspection to require some form of dental treatment—in the majority of cases of a minor character. In addition to those children who were treated privately by the local dentists, 2,929 attendances were made by school children in Radcliffe at the dental clinic during the year 1929; 2,279 teeth were extracted and 1,680 fillings and other operations were done. This is a

fairly satisfactory state of affairs, but there is still a reluctance on the part of some parents to have their children's teeth attended to.

ibid.

* * *

ARGENTINE

Argentine has made remarkable progress in the systematic development and efficient organization of its school dental service. The population under its care amounts to 350,000 children. This crowd of pupils, up to last year, has been looked after by four dentists for the open-air schools for sick children, two dentists for the schools for underdeveloped children, sixteen other dentists, and a group of visiting hygienists who function simultaneously for physicians and dentists. All this personnel had at its disposal eighteen dental offices, many of which were poorly equipped and operated by private funds. In October, 1929, the executive government, realizing the importance of this branch of hygiene, pushed the organization of dental service in the schools to a very laudable climax. The equipment has been much improved, up-to-date chairs and modern spittoons have been installed, as well as electric machines and x-rays, with the sterilizers and equipment for clinical and bacteriological analyses, etc., including a prosthetic laboratory with seven mechanics. The personnel comprises now one director of dental service, two secretaries,

six dental inspectors, fifty dentists, fifty-six practicans recruited from students who have completed the pre-clinical course at the dental school, and forty-six hygienists who must undergo semi-annual examinations. In addition to this, there has been put into operation a large number of ambulant dental clinics whose object is to look after children living far from the central clinic. Thirty thousand propaganda leaflets are distributed monthly, and it is hoped to obtain before long an exact dental inventory of the 350,000 children.

Revista Dental

* * *

GERMANY

At the recent XIX Congress of Stomatology in Venice, Professor Muench of Wuerzburg spoke on the question of the vitality of human tooth enamel. The question, as far as the dental profession is concerned, is twofold: can we favorably influence the teeth during the period of their development? and: can we also render already erupted and fully formed teeth more resistant to the attacks of destructive agents? The first question, according to the author, has been satisfactorily answered by several research workers, among whom is the author himself. He has been able to prove beyond doubt that calcium and vitamins C and D have a determining influence on the structure and the resistance of the growing tooth. The second question is more difficult to

answer inasmuch as, according to Professor Muench, no positive proof has as yet been offered of metabolic processes in the enamel of fully developed teeth. Even though such processes may be considered as existing in the dentine and the tissue lying between the latter and the enamel, where dentinal tubules abound, they cannot be proved to exist on the periphery of the enamel which has been generally held to be free from such tubules. The latest research, however, seems to have brought proof of the existence of a system of canals in the enamel itself. The histological specimens submitted by the author appear at first sight to show a complete absence of tubules in the enamel; yet it can be ascertained upon closer examination that there are a certain number of canals in tooth enamel which seem to be a prolongation of the odontoblasts. Professor Muench concludes that in view of the evidence available at present, however meager it may be, one can no longer look upon human tooth enamel as dead tissue which is not subject to changes such as may occur in the tissues of other organs.

* * *

P O L A N D

Dr. D. Kon, of Warsaw, relates two interesting cases from his practice. Several years ago he was called to attend to a newborn baby who had arrived in this world equipped with

three upper incisors. The child could not take the breast and was generally fretful. The baby boy, otherwise quite normal, showed three teeth which came out easily, there being no roots. After the "operation" Dr. Kon was requested to observe the strictest secrecy as to this phenomenon which, according to the aggrieved parents, "would put the entire family to shame." The second case, that of a baby girl, was similar, with the exception of there being but two teeth. Here also, the doctor had to pledge himself to discreet silence on the subject.

Kronika Dentystyczna

* * *

S P A I N

In an address before the College of Physicians, of Madrid, on the etiology of caries, Dr. Enrique Lluria has given not only an excellent example of his own erudition, but also a most striking proof of how far the leaders of Spanish dentistry have progressed, and how they have not remained, even a single step, behind their colleagues on the other side of the Atlantic. Only a very able dentist could have succeeded, as did Dr. Lluria, in summing up—in the restricted space of eleven printed pages—the history of dental caries, a crisp review of the various theories pertaining to its etiology and a most able résumé of nutrition and its role in formation, re-

sistance, and decay of human teeth. Dr. Lluria's paper is a gem of dental literature! After reviewing the modern orientation of dentistry toward etiology and prophylaxis of caries, the author concludes that "time and experience will show if all these ideas are correct or if they should be modified. In any case, I believe that they deserve the most careful attention of every dentist; we can no longer be satisfied that dental decay is a local process. Day by day it is becoming more imperative that the dentist, on beholding mouths and teeth in a diseased condition, remind himself that these organs are but part of the body, and that as such they cannot be considered separately, physiologically or pathologically. He must remain conscious of the fact that the majority of the pathological conditions he meets in the mouth are but symptoms of a general affection and that local treatment, if carried out alone, is imperfect and unscientific."

La Odontología

* * *

R U S S I A

Dr. F.-B. Berenzon, of the Stomatological Institute of Moscow, reports some interesting data concerning dental lesions to which workers in chemical factories are liable to be subject. In one of the cases cited by the author it becomes evident that certain acid fumes constantly surrounding these workers have

a destructive action on the hard tissues of their teeth, particularly upon the upper anteriors. The condition is being aggravated by certain protective measures, such as masks or sponges fastened over the workers' mouths. The upper and lower anteriors are literally eaten away almost to the gum margin and have become hypersensitive. The only way to treat these lesions consists in crowning the remaining tooth stumps, and the method of doing this work, as reported by the author, is far less interesting than the proof which he is presenting of the remarkable defensive power of the apparently healthy pulps. Not only did these pulps not suffer any pathological changes, but on the contrary surrounded themselves with a thick protective layer of secondary dentine deposited almost concurrently and in pace with the disappearance of the hard tooth substance. This leads Doctor Berenzon to state that it is not necessary to proceed to the devitalization of such pulps prior to crowning the teeth, regardless of how far the natural crowns may have been eaten away by the offending acids. It is also of the greatest interest to note that, while there were present undoubted systemic disturbances of a more or less serious nature, the defensive organs of the patients' bodies responded to the urgency of the call; the lymphatic glands showed enlargement, etc.

La Revue de Stomatologie

Ask ORAL HYGIENE



CONDUCTED BY

V. CLYDE SMEDLEY, D.D.S., AND
GEORGE R. WARNER, M.D., D.D.S.,

1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

Dry and Open Sockets

Q.—Would you please tell me what is the best treatment for a socket or sockets after they have gotten cold in them a day or so after extraction? I have been having some trouble after extractions. There are no roots left, all slivers are clean, and there are no infections present.

I cannot decide what the trouble is if it is something other than cold.—H.C.W.

A.—I do not know just what you mean by "sockets with cold in them." But for open or dry sockets in which the blood clot has broken down for any reason, I know of no better treatment than the placing of a sedative cement pack. The sedative cement should be mixed stiff, with cotton incorporated, and rolled between thumb and

finger to a cone shape approximately the size of the socket into which it should then be inserted without pressure.

The pack should be permitted to extend beyond the orifice of the socket slightly to facilitate its removal later, often several days or a week later, if the pack has restored and maintains comfort.—V. C. SMEDLEY

From Cuba

Q.—I have read and heard lots of times about traumatic occlusion. What is traumatic occlusion? What is the best way to check and correct it? Since that is one of the principal causes of pyorrhea, I hope to learn about it through you.

—J.C.M.

A.—Traumatic occlusion has been described as "occlusion

which is harmful to the tissues supporting the teeth in question." It has also been described as "occlusion which the teeth are not able to bear without destruction of the supporting tissues."

If tooth roots are of normal size and the occlusal stress is normally distributed, there should be no traumatic occlusion. If there is traumatic occlusion, it is due to the roots being short, the supporting tissues being partly destroyed, or the cusps being so long in comparison to the length of the roots or the strength of the supporting tissues that they trip as the mandible passes from centric to eccentric occlusion.

The correction is brought about either by orthodontia, raising the bite so that normal occlusal stresses will obtain, or by grinding the places which are tripping or hitting too hard. If grinding is resorted to, it should be carried on very carefully so that the places which hit too hard will be simply rounded off and the teeth not actually shortened.—G. R. WARNER

Lower Anterior Bridge

Q.—I have a patient who must lose two lower central incisors and I would like your opinion as to the proper way to replace them. Would you advise a removable or a fixed bridge; what in your opinion are the best attachments to use on abutment teeth (lateral incisors)?

Because of the smallness of these teeth I have had some trouble in similar cases in trying to use Carmichael or three-quarter crowns.—G.G.O.

A.—I believe the fixed bridge will be usually preferable to a removable one for this replacement.

The pin ledge inlay attachment is preferable to the Carmichael or three-quarter crown in these cases, we think. The pin holes must, of course, be made small in diameter and must be placed at a safe distance from the pulp, preferably at the cingulum on the lingual and at the dento-enamel junction toward the distal. The enamel should be removed toward the mesio-lingual aspect of each lateral and grooves paralleling the pin holes should be connected with grooves extending about the depth of the enamel. The wax models should be waxed up thin and cast by an accurate technic with hard gold.—V. C. SMEDLEY

Rings on His Fingers, Diamond-Studded Teeth

I had a patient, a man 45 years of age, who had a great fondness for diamonds. He wore them in such a flashy manner that he was called "Diamond Joe." One day he came into my office and wanted me to set a diamond in an anterior tooth on his upper plate. I refused to do it.

He said, "Well, I'll get it

done, anyway"; and went to one of our advertising men here. This man made him an entirely new plate and set the diamond in cement. "Diamond Joe" came in later and proudly displayed it to me.

I lost the patient but I still have my self-respect.—J.R.G.

Ropey Saliva

Q.—Will you please advise me what medical agents will rid a patient of rosey saliva?—W.R.B.

A.—A regulation of the diet is the only way I know of effectually correcting rosey saliva. A substitution of fruits and vegetables for bread and potatoes, in other words, more non-starchy and less starchy foods, will usually effect a correction of this condition.—V. C. SMEDLEY

Patient Grinds Teeth

Q.—I have a patient, 26 years of age, who grinds his teeth to such an extent that the anteriors show considerable wear. This is my first experience of this-kind. Any information you can give will be greatly appreciated.—W.J.F.

A.—A patient usually grinds his teeth because of some irritation, caused, for example, by pyorrhea, degenerative pulps, or pulpless teeth, or to an unbalanced or traumatic occlusion or to a bite abnormally closed through loss of teeth and wear.

To remedy this case of yours it may be necessary to correct

any or all of the mentioned faults, and it would very likely be advisable to reconstruct the entire mouth to a restored bite or jaw relation.

If this is done, the various replacements should be constructed as nearly as possible to a balancing contact in the various positions of the jaw.—V. C. SMEDLEY

Nausea

Q.—It is with pleasure and profit that I read your department in each issue of ORAL HYGIENE. The questions and answers are mighty helpful at times, and now here's the question I wish you would answer for me:

This particular patient becomes nauseated even when a hand mirror is placed on his tongue or against the hard palate. His health is poor now and we are removing the remaining teeth. He reports that he has always suffered the same ill results when anyone tried to perform a dental operation for him.

We will have to take our impressions for dentures pretty soon and I am anxious to know if there is anything we might use to do away with this sensitiveness and nausea during the process of taking impressions.—C.W.S.

A.—I find that usually gagging can be controlled for the purpose of impression taking by spraying the throat with camphorated water. If this is not

sufficient, the palate may be swabbed with one of the topical anesthetics. In an extreme case, blocking posterior palatine nerves should control it.—V. C. SMEDLEY

Cellulitis

Q.—I have been reading your department in ORAL HYGIENE and have received much benefit from it. I am wondering if you will help me with a case of my own.

My patient, a woman about 30 years of age, in rather poor health, presented herself for the extraction of a lower left second molar. I used the conductive, or block method of anesthesia and extracted the tooth without trouble. Three days later the patient returned with her jaw locked. I advised her to exercise it as much as possible and to rub her face with a hot bath towel. A few days later her face started to swell over the temple and carotid gland with much pain. A physician was called. He advised cold packs and for several days there was no result. Then the abscess formed and the doctor lanced it.

Three weeks have passed and the patient still has considerable pain and the jaw has not opened. Is this a case of cellulitis? If so, what would be the best treatment?—H.H.R.

A.—Your case appears to be one of cellulitis and whether the infection started from the socket of the extracted tooth or from the needle puncture, one can't tell at this distance. But it evidently traveled in the muscle and the infection finally centered high up and evidently opened spontaneously through the mucous membrane, a thing for which you may be very thankful because if it had opened out on the cheek there would have been an unsightly scar. It seems to me you ought now to be able to retract the mouth enough to find the center of the abscess so that it can be irrigated with Dakin's solution and the infection overcome.

In the meantime, the patient can take liquid nourishment and as soon as the inflammatory process has ceased in the muscular fibers, the joint will undoubtedly release and open of itself. It would be unwise to force it open, there being a condition of inflammation in the tissues surrounding it at this time. By all means keep your physician in consultation so that you may divide the responsibility with him. I am sure, with the opening and the irrigation of the abscess and the help of the physician in keeping the patient's general condition up, the outcome will be favorable.—G. R. WARNER

From England

It gives me great pleasure to read ORAL HYGIENE and I get many useful ideas from it.—MAURICE C. HART, L.D.S., R.G.S., London.



W. LINFORD SMITH
Founder

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D.,

Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

The Battle Against Tuberculosis

THE widely organized fight against the ravages of tuberculosis in this country is showing such splendid results that too many of our people are beginning to think that the fight is practically won. It has been only a few years since this terrible scourge of mankind was almost immune to any effort that medicine could make.

The careful study of tuberculosis from every angle and the successful elimination of the widespread fake treatments that were the vogue have so improved the possibility of cure that these days the question is not, "Can anything be done?" but is, "Can the patient have the privilege of the treatment that has been found successful by the National Tuberculosis Association?"

There are two major classes of people to be considered in any discussion of tuberculosis: first, those who by lowered resistance, or by environment, are apt to become tuberculous; and, second, those who have already developed the disease.

Preventive measures should be employed by those who seem predisposed to the disease. These measures consist of avoiding contact with those who are actually infected and personally following the mode

NEditorial Comment

I.D., of life that is prescribed for convalescent tuberculous patients.

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nna.
The treatment of active cases is to build up bodily resistance and to oppose all of those factors that favor mental or physical depression. Fresh air, judiciously regulated diet, pleasant surroundings, and a cheerful atmosphere are absolutely essential.

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Home treatment, even though strictly supervised, seems to lack many of the advantages of that given in a sanitarium. According to the standard diagnostic procedure of the National Tuberculosis Association the temperature must be taken four times daily. If the temperature persistently exceeds 99.4° , when taken four times daily, the patient is considered as having a "fever" and must remain in bed until he is free from fever for at least two weeks, and preferably three weeks. The patient can then be advanced from bed to a couch.

If the improvement continues, the next step is to an easy chair. The temperature, pulse, and general condition must be carefully watched. The weight must be taken weekly. After a month of normal temperature a little walking may be indulged in, five minutes at a time at first and then increased gradually. After a year of this, with no return of the fever or other symptoms, the patient may be considered cured.

Drugs play a very minor part in the treatment of tuberculosis. Of the general health measures one of the most important is the care of the teeth and mouth.

In pulmonary tuberculosis in particular, the condition of the mouth is of the gravest importance. It

is safe to say that a tuberculous patient with a foul mouth is incurable.

In this great and successful crusade against this merciless disease, dentistry must work hand in hand with medicine. Vigilance, intelligence, and devotion not only will, but have worked wonders; let us each do our part.

A Summer Vacation with Uncle Sam

FROM the smallest possible business to the great national and international mergers of Big Business there comes today a universal crying need—"Give us young men who can assume responsibility!"

The answer is training in the Citizens' Military Training Camps.

At these nation-wide encampments thousands of the flower of our young American manhood will spend thirty wonderful days this coming summer, as other thousands of stalwart young men have spent the month under C.M.T.C. auspices for the past eleven years.

At these Camps the young men are given a course of training which teaches the individual self-reliance, initiative, personal hygiene, and the winning and keeping of rugged health. The lads are made better all-around Americans, and taught to take a just pride in their citizenship. They are encouraged to make the most of all the benefits which these Camps confer—and all this at Government expense, for Uncle Sam pays all necessary expenses including transportation, "board and keep," medical attention, if necessary, the use of sports equipment, etc.

Those who have had the opportunity to witness the transformation of young men who have attended even one of these Government Camps are today enthusiastic in their praise of the worth while project. Perhaps you who are reading this have a young man

who would be immeasurably benefited by such an experience.

The "entrance requirements" necessary for matriculation at this great national "University of Manhood" are simple. To be eligible to attend the Citizens' Military Training Camp one must be a healthy American of good character, between the ages of seventeen and twenty-eight.

Detailed information and illustrated literature about this wonderful boon to the youth of America (and, by the same token, to American Business) may be obtained without any obligation by addressing the C.M.C.T. Officer at any U. S. Army Post.

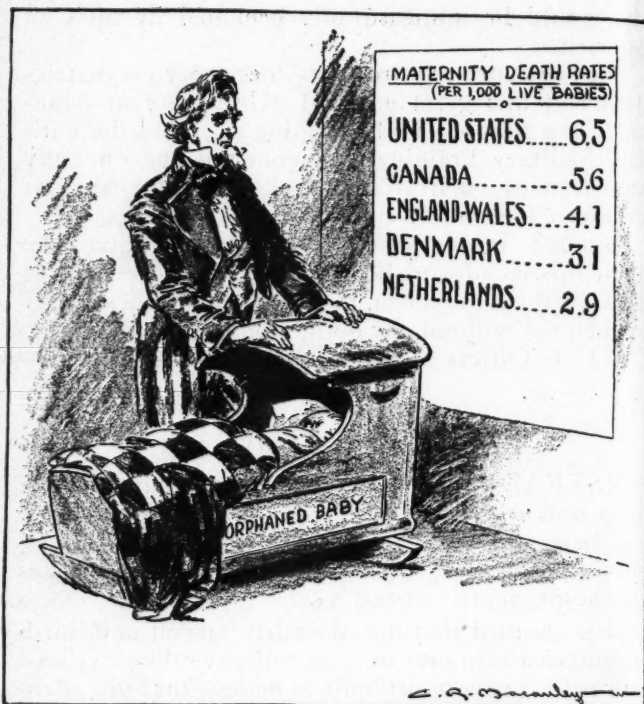
Mother's Day

INSTEAD of being a mere adjunct to the possible profits of the stationers and florists, Mother's Day is to become a thoughtful anniversary, a day of consideration of the great sacrifices that woman makes for the perpetuity of the race.

It is claimed that the mortality rate in childbirth in America is higher than that of any other civilized country. It is very difficult to believe that this is entirely true, but whatever the death-rate in parturition, it is too great and any movement that will lessen this death-rate should be supported.

There are two general methods to help the situation: first, better medical care; second, judicious birth control.

Nature is extremely wasteful of life. For instance, the earth would be completely covered with oysters in ten years if there was not an astounding death-rate among the young oysters. The totally brainless, haphazard breeding of the oyster is rather similar to that of some of the prolific races that we are trying to exclude from the United States. The care of the prospective mother, the obstetrical skill at the time



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of delivery, and the after-care of both mother and child must, for the great majority of women, be greatly improved.

More consideration must be given to the selection of those who are to become mothers. It is every man's duty to be a soldier in time of war, but it is not every man's privilege to become a soldier. A careful selection of those physically and mentally qualified to bear arms must be made if the Army is not to be burdened needlessly with the sick, the blind, the crippled, and the mentally deficient. So it should be with motherhood; it is every woman's duty to be a

mother, if necessary; but it is not every woman's privilege.

Only those should be permitted to undertake motherhood who are physically and mentally qualified to stand the strain and who can reasonably be expected to transmit average health to their offspring. "What about the father?" is sure to be asked. We will discuss that on Father's Day.

There are, of course, some who feel upon religious grounds that the idea of selection of mothers would be heresy; if I remember correctly the Virgin Mary was carefully selected to play her part as the most famous mother in history. Just any woman would not do.

Motherhood should be a very proud distinction; it should be an aristocracy of those women who are of sufficient excellence to transmit their blood to the future of the world. The mother is the great link between ancestry and posterity. Reproduction must become more and more selective, and because this great function is the prime factor in the future welfare of our race, the hazards of parturition must be eliminated.

There is no better time than now to begin the reduction of our embarrassing maternal death-rate. Government maternity hospitals must be established throughout the country. These should not free hospitals, but hospitals organized upon the general plan of the Post Office where a maximum service can be obtained for a minimum fee and where there will be no taint of that charity which is so abhorrent to the self-respecting, but not affluent, citizens of child-bearing age.

It is reasonable to consider that an American woman at delivery is taking just as great a risk for the welfare of her country as is the soldier on the battlefield. In both cases the death-rate must be minimized.

When You Rise to Remark—2

[Here is another talk suggested by the editor in answer to the many requests he has received for suitable material for addresses to Rotary Clubs, and similar groups, on the subject of dentistry.]

MR. President and Members:

As I look about the room, the thought comes to me that Funny Faces might be a good subject to take up at this time. Of course Funny Faces are the faces that are worn by strangers; the more we are accustomed to seeing a face, the less peculiar it seems to us. This is one of the reasons why so many people find it easier to stay married than to get married.

The shape, color, general condition, and POSITION of the teeth are largely responsible for the appearance of the lower half of the face. Seventy-five per cent of facial deformities, either hereditary or acquired, occur in the lower half of the face. When you come in contact with a new person, the first impression is likely to have a definite effect upon your final estimate of the individual.

The make-up of the stage and the overemphasized facial peculiarities that are presented in caricature have given us very definite ideas, which are sometimes true and sometimes false, that certain expressions and certain types of facial contour indicate definite mental qualities. Unless the facial expression is due to the habit of the person who tries, either consciously or unconsciously, to make a permanent expression of some trend of thought, we must consider these peculiar faces as due largely to chance.

The movies have gone even further in the exploiting of facial faults as indicators of the mind, we might say, mental barometers. These entertainment efforts are very pleasant for those who have normal faces, but they are hard on the unfortunate person whose face fits the wild idea of the actor or of the caricaturist.



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*See Jelenko Research Bulletins.

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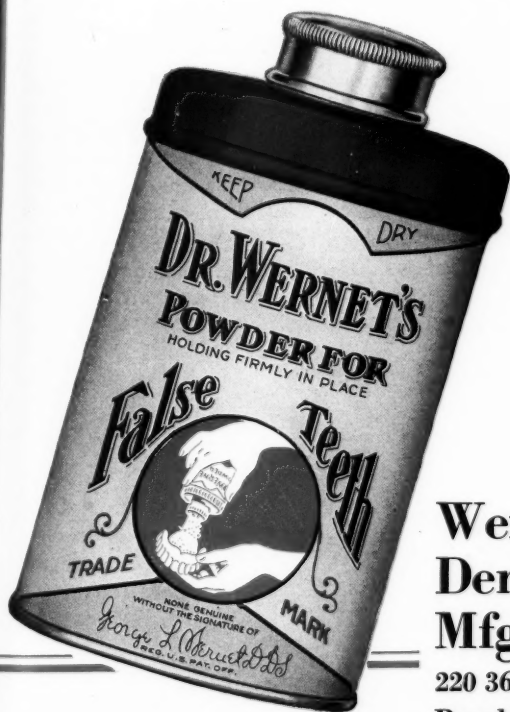


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The late Lon Chaney did much to emphasize the effect of the teeth in making faces hideous by having constructed numerous plates that fitted over his natural teeth. These artificial monstrosities distorted his lips and cheeks and frequently presented elongated, or discolored, or abnormally shaped, or malposed cuspids (commonly called "eye teeth"). Sometimes it was the central or lateral incisors, sometimes the upper teeth only that would be caricatured, sometimes the lower teeth, sometimes both upper and lower teeth, and again only the teeth on one side of the mouth; missing teeth were made by covering the natural teeth with black court plaster, or black wax.

Many an able mind is hidden behind a hideous face. When you think of the mental anguish that is the lot of those unfortunates who must go through life with facial deformities that are preventable, it would seem that dental clinics for children would be found in every up-to-date community in America.

Between the dentist and the facial surgeon, the most thoroughly equipped of whom are graduates in dentistry, as well as in medicine, almost any face can be made presentable. No child should be allowed to grow up with malposed (crooked) teeth. There are only two ways to keep children from growing up with crooked teeth. One of them is not to allow the child to grow up, but that isn't so good. Besides, I think there is some law or other upon the subject. The other alternative is to have the deformed teeth corrected while the bones are still in a formative state.

Since we insist upon our erroneous diagnoses of mental characteristics from facial appearance, let us be fair enough to give every child, and adult, too, for that matter, a chance to be accepted by the public for what he is. From this day let us all do our best to increase health and happiness by restoring normal function and normal appearance to the human face.

The New Liquor and Alcohol Permits

IT seems certain that in a very short time dentists are to be allowed five gallons of alcohol and six quarts of whiskey annually. No mention is made of the privilege of prescribing a small bottle now and then to the faithful or suffering, as the case may be; and frequently the faithful and the suffering are one and the same person. Isn't it funny the way we prattle about freedom and then treat our patients as the parsons and the politicians tell us to treat them?

Recently the American College of Physicians went on record as definitely committed to the principle that the physician is to be absolutely unhampered in his treatment of the patient. Dentistry could not do better than to adopt the same position. It is absolutely none of the normal business of any government to interfere with the prescribing of any medicine that the regularly licensed practitioner may see fit to use for the benefit of his patient.

With all the deviltry that is abroad in the land, it would keep any government busy protecting its citizens, without causing the sick and innocent more suffering by interfering with the legitimate use of stimulants and sedatives by those who treat the unfortunates. I hope dentists will soon be allowed to prescribe liquor for their patients. I don't prescribe it because it is too much bother; but if anybody wishes to make out the inquisition papers, I am for their right to do so.

Anything that will make the United States of America a pleasanter place in which to live suits me. What do you think about it?

Doctor Hinman Passes

THE genial Dr. Thomas P. Hinman, Dean of the Atlanta Dental College and known wherever dentistry is practiced, died at his Atlanta, Georgia, home from a heart lesion on March 19.

Doctor Hinman was born in Canada. When he was but a child his family moved to the United States, and he became such a thorough Southerner that all who knew him thought he had come from a long line of Georgia ancestry. All of which goes to show that the old British stock and the old Southern stock are alike under the skin.

Doctor Hinman was one of those delightful persons that any section of the country would have been proud to claim for its own. His tremendous ability was almost outshone by his remarkable personality. As a practitioner of dentistry and as a teacher he was widely known; but, as a popular member of dental associations, he was international.

He had, of course, served as president of the American Dental Association and had all the honors conferred upon him that organized dentistry was capable of conferring; but, more than all of that, Tom Hinman reflected honor upon those who honored him.

He was an unusually successful business man in these days when so many who had been apparently successful were mistaken; possibly his keen professional mind could see further into the future than could the average. At any rate, Doctor Hinman was a great success in dentistry, in business, and in his relationships in life.

He leaves one son, Dr. Thomas P. Hinman, Jr., to carry on the Hinman traditions.

TIMING *the* ARRIVAL *of the* DENTIST'S BILL

FIRST come first paid" is the policy generally prevailing among the rank and file of credit customers. Business and professional men granting credit recognize this fact, but most of them don't know exactly what to do about it. The rub comes in getting there first, at the psychological moment, the said p. m. being immediately after the debtor has received his weekly, twice-a-month, or monthly pay check.

The plan described here is particularly adapted to the dentist carrying many of his patients on the books, a large part of whom work for salary or wages. If he is desirous of minimizing his credit losses he will do well to study this plan and make it his own.

If, as is likely to be the case, the patient has several accounts to pay out of his single pay check and if, further, he has overbought on his credit, some creditor or maybe several of



By

HAROLD J. ASHE

them are going to be left holding the well-known sack until the ensuing month, unless the debtor is contacted on pay day.

It seems that the logical thing for any dentist granting credit is to find out when that patient gets paid. This can easily be accomplished at the time the patient is first treated. In the course of conversation the dentist can casually ask when the patient's employer pays his employes, making it as impersonal a question as possible. This is so that the patient will

never realize that the arrival of a bill, or of a collector on pay day, is anything more than a coincidence. If he does so suspect, he may resent it; and this is disastrous where the patient really is prompt in making payments, for he might change dentists because of seeming overzealous collection methods.

This information should be noted on a credit card after the

patient has left. Then the card should be so indexed that this day of the week or date of the month will automatically show up in the files the day before pay day.

A statement should then go out the evening before pay day so that it will be received the following day by the patient.

This may seem revolutionary to those dentists who have been religiously billing the first of the month, but it will prove far more effective than the old routine, and after all that is why bills are sent out—to get the cash in promptly.

If, at a later date, the bill must be assigned to a collection agency, the dentist will be giving the collector invaluable information. The latter can time his calls to coincide with the debtor's pay day.

To show how this collection method works out let us take an example. If, for instance, a patient is paid on the 10th and 25th of the month, it naturally follows that a bill sent out the first of the month will arrive five or six days after one pay day and ten days ahead of the next. If the patient is an average person, he will be in no position to pay that bill upon presentation. At least, his ability will be minimized.

Other creditors, likewise employing hit-or-miss collection methods will get to him first in sufficient numbers and deplete his pay check. It is that matter of reminding the debtor of his debt right at the time he is best

able to pay which gets results. A reminder a week in advance is forgotten.

If it is sound to adapt dental practice to meet personal situations, and no one will gainsay that, then it is equally sound to adapt collection methods to meet equally personal requirements of individual patients.

As time goes on the dentist will discover that he has pay day information on virtually every large and small concern in the city, so that he will seldom need to ask this leading question anent pay day. It will be sufficient to ask casually for whom the patient works.

Aside from the fact that it will increase collections and lower ultimate collection losses, as well as largely do away with second and third billing costs, this plan will also create more good will for the dentist. Not a few patients are lost to dentists because the patients are chronically behind in paying their bills and they become resentful toward repeated billings when they are delinquent.

So long as credit continues to be easy to get, the average person is going to overbuy, and just so long will the honest-intentioned type of patient harbor ill feeling against those whom he can't pay promptly because of other creditors reaching him first. This plan fosters prompt payments to dentists adopting it so that, irrespective of the patient's credit standing with other creditors, he will rate A-1 with the dentist using this method.

LAFFODONTIA



If you have a story that appeals to you as funny, send it in to the editor. He MAY print it—but he won't send it back.

Sadie: "Is it true you're going to be married?"

Old Maid: "No, but I'm thankful for the rumor."

—
"Harry, why don't you smoke?"

"Because I'm not fat, I haven't a cough, never like to walk, and I'm satisfied."

—
Grace: "Why do you wait fifteen minutes after you arrive to kiss me?"

Lester: "I have to wait for the paint to dry."

—
He stood at the stern of the promenade deck as his ship moved out into the river, admiring a graceful sea-gull as it hovered, swooped and dipped to recover some scraps of food that had been thrown from the galley. "Oi," said Myer, "what a pretty pigeon." "That's a gull," said a more experienced traveler, with withering scorn. "I don't care," said Myer, "gull or boy, it's a pretty pigeon."

—
"Nurse," said an amorous patient, "I'm in love with you. I don't want to get well." "Cheer up, you won't," she assured him. "The doctor's in love with me, too, and he saw you kiss me this morning."

A politician paced the floor outside the Maternity Ward awaiting the blessed event.

Soon a nurse came out and said: "Congratulations, it's triplets."

"Impossible," yelled the politician, "I demand a re-count."

—
She (at the ball game): "I heard some one yell 'fowl'; where are the feathers?"

He (wearily): "Oh, this game is between two picked teams."

—
"Is your wife shy about telling her age?"

"Very. About ten years shy."

—
A near-sighted man and his wife were inspecting an art exhibit with critical care.

Man (vainly striving for a better view of the abomination): "That's the ugliest portrait I've ever seen."

Wife: "Come away, you fool! You're looking at yourself in a mirror."

—
He: "Really, I like you and I'd like to see more of you."

A day later he got an invitation to a swimming party.